UNM SRMC
GENERAL SURGERY CLINICAL PRIVILEGES

Name:  
Effective Dates: __________ To: __________  

☐ Initial privileges (initial appointment)  
☐ Renewal of privileges (reappointment)  
☐ Expansion of privileges (modification)  

INSTRUCTIONS

All new applicants must meet the following requirements as approved by the UNM SRMC Board of Directors effective: 04/22/2015

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

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

AND

Current certification by the American Board of Surgery, or the American Osteopathic Board of Surgery or active participation in the board examination process with achievement of certification in General Surgery within 3 years by the American Board of Surgery, or the American Osteopathic Board of Surgery.

Notwithstanding the foregoing, applicants for clinical privileges may seek an exception to this Board Certification requirement under Section 2.004 of the Bylaws of the Medical Staff of UNM Sandoval Regional Medical Center (the "Medical Staff Bylaws") and may be granted clinical privileges if such applicant is determined, in accordance with Section 2.004 of the Medical Staff Bylaws, to have qualified for one or more of these exceptions.

Required previous experience: Applicants for initial appointment must be able to demonstrate performance of 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, or research in a clinical setting 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 with acceptable results, reflective of the scope of privileges requested based on ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges, and the renewal of privileges must be approved by the Clinical Service Chief.
Admit, evaluate, diagnose, consult, and provide preoperative, intraoperative, 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 (except as specifically excluded). 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.

☐ Requested

The following subspecialty core privileges must be requested separately in addition to requesting the core privileges. The qualifications for Subspecialty Core Privileges will be evaluated based on current standards and approved on a case-by-case basis by the Clinical Service Chief.

Current demonstrated competence in subspecialty core privileges with acceptable results reflective of the scope of privileges requested and current standards will be routinely assessed based on the results of ongoing professional practice evaluation and outcomes. Subspecialty Core Privileges must be renewed as part of the regular renewal of privileges by the Clinical Service Chief.
USE OF LASER

**Criteria:** Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles and use, or completion of equivalent training in laser principles and use with an appropriate body of experience. Practitioner agrees to limit his or her practice to only the specific laser types for which he or she has provided documentation of training and experience.

☐ Requested

EGD WITH AND WITHOUT BIOPSY

**Criteria:** Successful completion of an accredited residency in general surgery that included training in upper endoscopy procedures or equivalent training or experience obtained outside a formal program that is at least equal to that obtained within the formal residency program.

☐ Requested

COLONOSCOPY WITH POLYPECTOMY

**Criteria:** Successful completion of an accredited residency in general surgery that included training in lower endoscopy procedures or equivalent training or experience obtained outside a formal program that is at least equal to that obtained within the formal residency program.

☐ Requested
ENDOVENOUS ABLATIVE THERAPY (ELVT) VIA ALL ENERGY SOURCES

**Criteria:** Successful completion of an ACGME OR AOA accredited residency or fellowship program which included supervised training in the diagnosis and treatment of varicose veins and training in interpreting ultrasound examinations of the legs or an equivalent body of experience and training.

Applicant must demonstrate training and experience with the specific energy source to be used and limit their practice to the use of that energy source.

☐ Requested

LAPAROSCOPIC NISSEN FUNDOPLICATION (ANTIREFLUX SURGERY)

**Criteria:** Successful completion of an accredited residency in general surgery that included advanced laparoscopic training in Nissen Fundoplication or a body of experience that included a formal course in laparoscopic Nissen Fundoplication and preceptorship by a surgeon experienced in the procedure.

☐ Requested

ADVANCED LAPAROSCOPIC PROCEDURES (e.g., COLECTOMY; SPLENECTOMY; ADRENALECTOMY; COMMON DUCT; EXPLORATION/STONE EXTRACTION)

**Criteria:** Successful completion of an accredited residency in general surgery that included advanced laparoscopic training or a body of experience equal to that of residency training.

☐ Requested
INSERTION AND MANAGEMENT OF PULMONARY ARTERY CATHETER (PAC)

Criteria: Successful completion of an accredited residency or fellowship that included training in pulmonary artery catheter insertion and management and a documented history of successful insertion and subsequent management of pulmonary artery catheters.

☐ Requested

OPEN BARIATRIC SURGERY PRIVILEGES INVOLVING STAPLING OR DIVISION OF THE GASTROINTESTINAL TRACT

Criteria: Successful completion of an accredited residency in general surgery or post residency training supervised by an experienced bariatric surgeon that included operative experience of open bariatric procedures (or subtotal gastric resection privileges after documentation of laparoscopic cases and open cases supervised by an experienced bariatric surgeon).

☐ Requested

LAPAROSCOPIC BARIATRIC SURGERY INVOLVING STAPLING OR DIVISION OF THE GASTROINTESTINAL TRACT

Criteria: Privileges to perform open bariatric surgery and to perform advanced laparoscopic surgery.

☐ Requested

Robotic Assisted Surgery

☐ Check here to request Robotic Assisted Surgery privileges (Separate form)
PERIPHERAL VASCULAR SURGERY

Description: Peripheral vascular surgery privileges include such procedures as central venous access catheters and ports, hemodialysis access procedures, diagnostic vascular biopsy, decompression fasciotomy, vein ligation and stripping and additional extensions of these techniques as approved by the Clinical Service Chief.

Criteria: Successful completion of an accredited residency in general surgery that included training in peripheral vascular interventions or post graduate training the meets the requirements of the Clinical Service Chief.

☐ Requested

SURGICAL/RADIOLOGIC SUBSPECIALTY PRIVILEGES:

The following procedures require specialty training that includes both surgical and radiological competence. Requests for these privileges will be evaluated on a case-by-case basis and require the approval of the Clinical Service Chief and the Medical Director of Radiology.

BREAST CRYOABLATION

Criteria: Successful completion of an accredited residency in general surgery that included advanced laparoscopic training or a body of experience equal to that of residency training.

☐ Requested
**UNM SRMC**
**GENERAL SURGERY CLINICAL PRIVILEGES**

Name: 
Effective Dates: __________ To: __________

**STEREOTACTIC BREAST BIOPSY**

*Criteria:* Successful completion of training in the stereotactic and ultrasound-guided technique of breast biopsy during residency or in an accredited course or institution and possession of privileges for breast imaging interpretation.

☐ Requested

**SENTINAL LYMPH NODE BIOPSY**

*Criteria:* Successful completion of an accredited residency in general surgery; proficiency in the standard diagnosis and surgical management of breast cancer and successful completion of an approved course leading to the ability to evaluate the patient for the sentinel node mapping procedure; possess an understanding of the clinical implications of the findings, and become familiar with the technique and equipment used.

☐ Requested

**Limited Ultrasound for Guided Procedure**

☐ Check here to request Limited Ultrasound Guided Procedure privileges form (Separate form)

**Administration of Sedation and Analgesia privileges**

See hospital policy for sedation and analgesia by non-anesthesiologists.

☐ Check here to request Moderate Sedation privileges form (Separate form)
This list is a sampling of procedures included in the core. It is not intended to be an all-encompassing list, but rather is 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 you do not wish to request, then initial and date.

General Surgery Core Procedures
1. Abdominoperineal resection
2. Amputations above the knee and below the 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. Colectomy (abdominal)
7. Colon surgery for benign or malignant disease
8. Colotomy, colostomy
9. Correction of intestinal obstruction
10. Drainage of intra-abdominal, deep ischiorectal abscess
11. Emergency thoracostomy
12. Endoscopy (intraoperative)
13. Enteric fistulae, management
14. Enterostomy (feeding or decompression)
15. Esophageal resection and reconstruction
16. Distal esophagogastrectomy
17. Excision of fistula in ano/fistulotomy, rectal lesion
18. Excision of pilonidal cyst/marsupialization
19. Excision of thyroid tumors
21. Gastric operations for cancer (radical, partial, or total gastrectomy)
22. Gastroduodenal surgery
23. Gastrostomy (feeding or decompression)
24. Genitourinary procedures incidental to malignancy or trauma
25. Gynecological procedure incidental to abdominal exploration
26. Hepatic resection
27. Hemodialysis access procedures (with approved peripheral vascular privileges)
28. Hemorrhoidectomy, including stapled hemorrhoidectomy
29. Incision and drainage of abscesses and cysts
30. Incision and drainage of pelvic abscess
31. Incision, excision, resection and enterostomy of small intestine
32. Incision/drainage and debridement, perirectal abscess
33. Insertion and management of pulmonary artery catheters
34. IV access procedures, central venous catheter, and ports
35. Laparoscopy, diagnostic, appendectomy, cholecystectomy, lysis of adhesions, mobilization and catheter positioning
36. Laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis or trauma
37. Liver biopsy (intraoperative), liver resection
38. Management of burns
39. Management of intra-abdominal trauma, including injury, observation, paracentesis, lavage
40. Management of multiple trauma
41. Management of soft-tissue tumors, inflammations and infection
42. Operations on gallbladder, biliary tract, bile ducts, hepatic ducts, including biliary tract reconstruction
43. Pancreatectomy, total or partial
44. Pancreatic sphincteroplasty
45. Parathyroidectomy
46. Perform history and physical exam
47. Peritoneal venous shunts, shunt procedure for portal hypertension
48. Peritoneovenous drainage procedures for relief or ascites
49. Proctosigmoidoscopy, rigid with biopsy, with polypectomy/tumor excision
50. Pyloromyotomy
51. Radical regional lymph node dissections
52. Removal of ganglion (palm or wrist, flexor sheath)
53. Repair of perforated viscus (gastric, small intestine, large intestine)
54. Scalene node biopsy
55. Sclerotherapy
56. Selective vagotomy
57. Sigmoidoscopy, fiberoptic with or without biopsy, with polypectomy
58. Skin grafts (partial thickness, simple)
59. Small bowel surgery for benign or malignant disease
60. Splenectomy (trauma, staging, therapeutic)
61. Surgery of the abdominal wall, including management of all forms of hernias, including diaphragmatic hernias, inguinal hernias, and orchiectomy in association with hernia repair
62. Thoracentesis
63. Thoracoabdominal exploration
64. Thyroidectomy and neck dissection
65. Tracheostomy
66. Transhiatal esophagectomy
67. Tube thoracostomy
Acknowledgment of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNM SRMC, 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.

Signed ____________________________________ 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:

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Notes:
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Print Name .............................................................  Signature ............................................................
Clinical Service Chief or Designee Signature