

## UNMH Pediatric General Surgery Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

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

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 01/31/2014*

### **INSTRUCTIONS**

**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.

**Department Chair:** 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. Note that privileges granted may only be exercised at UNM Hospitals and clinics 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.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

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### *Qualifications for Pediatric General Surgery*

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***Initial Applicant*** - *To be eligible to apply for privileges in pediatric general surgery, the initial applicant must meet the following criteria:*

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

AND/OR

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in pediatric surgery by the American Board of Surgery.

AND

**Required Current Experience:** An adequate volume of pediatric general surgical procedures with acceptable results, reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months..

***Reappointment (Renewal of Privileges) Requirements*** - *To be eligible to renew privileges in pediatric general surgery, the reapplicant must meet the following criteria:*

Current demonstrated competence and an adequate volume of pediatric surgical 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 physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

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### **CORE PRIVILEGES: *Pediatric General Surgery***

Admit, evaluate, diagnose, consult and provide surgical (including pre- and post-operative) management to neonatal and pediatric age groups through young adulthood with congenital and acquired abnormalities and diseases, whether developmental, inflammatory, neoplastic, or traumatic. 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**

### ***Pediatric General Surgery Core Procedures List***

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

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

1. Perform history and physical exam
2. Anoscopy
3. Appendectomy
4. Bronchoscopy
5. IV access procedures, central venous catheter, and ports
6. Catheterization of bladder
7. Circumcision
8. Correction of intussusception
9. Correction of malrotation of intestine, congenital megacolon, intestinal obstructions (including newborn)
10. Diagnostic Laparoscopy
11. Esophagoscopy
12. Excision of Meckel's diverticulum
13. Excision of neck masses
14. Excision of thyroid tumors
15. Excision of thyroglossal duct cyst
16. Gastrostomy
17. Gastrointestinal esophageal dilatation, gastroscopy, G-tube placement, gastroduodenoscopy
18. Incision and drainage of abscesses and cysts

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19. Excision of subcutaneous cysts or tumors; subcutaneous foreign body removal
20. Insertion and management of pulmonary artery catheter
21. Jejunostomy
22. Laparotomy for diagnostic or exploratory purposes or for management of intra abdominal sepsis and trauma
23. LADDS procedure for malrotation
24. Laparoscopy, appendectomy, cholecystectomy, lap splenectomy
25. Limited assisted laparoscopy for small bowel resections
26. Laryngoscopy
27. Lower intestinal endoscopy
28. Management of burns
29. Management of soft tissue tumors, inflammations, infection
30. Management of congenital defects of the abdominal wall and diaphragm excluding groin and umbilical hernia
31. Management of intra abdominal trauma, including injury, observation, paracentesis, lavage
32. Management of multiple trauma
33. Management of tracheoesophageal fistulas or other congenital anomalies of the upper respiratory tract or the upper intestinal tract
34. Operations on gallbladder, biliary tract, bile ducts, hepatic ducts, including biliary tract reconstruction
35. Parathyroidectomy / thyroidectomy
36. Peripheral arterial/venous access, percutaneous or cutdown
37. Pyloromyotomy
38. Simple excision, biopsy (skin)
39. Small bowel surgery for benign or malignant disease
40. Suprapubic cystostomy tubes for neurogenic bladder
41. Surgery of the abdominal wall, including management of all forms of hernias, including diaphragmatic hernias, inguinal hernias, and orchiectomy in association with hernia repair
42. Splenectomy (trauma, staging, therapeutic)
43. Thoracentesis
44. Thoracotomy with drainage
45. Tissue laceration repair
46. Thorascopy for lung biopsy and decortication
47. Tracheostomy
48. Tube thoracostomy

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### **Special Non-Core Privileges (See Specific Criteria)**

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

### ***Qualifications for Advanced Laproscopic Procedures***

**Criteria:** Successful completion of an accredited residency in general surgery or pediatric general surgery that included advanced laparoscopic training or completion of a hands on CME.

**Required Current Experience:** Demonstrated current competence and evidence of the performance of an adequate volume of laparoscopic advanced laparoscopic procedures with acceptable results, reflective of the scope of privileges requested in the past 12 months or completion of training in the past 12 months.

**Renewal of Privilege:** Demonstrated current competence and evidence of the performance of an adequate volume of laparoscopic advanced laparoscopic procedures with acceptable results, reflective of the scope of privileges requested in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### **NON-CORE PRIVILEGES: *Laprosopic Procedures (as listed below)***

#### **Requested**

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

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

1. Adrenalectomy
2. Colectomy
3. Common Duct Exploration/Stone Extraction
4. Donor Nephrectomy

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### ***Qualifications for Endoscopy Procedures***

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**Criteria:** Successful completion of an accredited residency in general surgery or pediatric general surgery that included training in upper endoscopy procedures with a minimum of 35 performed during training or equivalent training and/or experience obtained outside a formal program that is at least equal to that obtained within the formal residency program.

**Required Current Experience:** Demonstrated current competence and evidence of the performance of an adequate volume of EGD procedures with acceptable results, reflective of the scope of privileges requested in the past 12 months or completion of training in the past 12 months.

**Renewal of Privileges:** Demonstrated current competence and evidence of the performance of an adequate volume of procedures with acceptable results, reflective of the scope of privileges requested in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### ***NON-CORE PRIVILEGES: EGD with and without Biopsy***

**Requested**

### ***Qualifications for Insertion and Management of Pulmonary Artery Catheters (PAC)***

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**Criteria:** Successful completion of an ACGME or AOA post graduate training program that included training in the insertion and management of PACs with the performance of at least of an acceptable number of PACs as primary operator, or completion of a Category 1 CME and successful insertion and subsequent management of pulmonary artery catheters for an acceptable number of patients during the past 36 months.

**Required Current Experience:** Demonstrated current competence and evidence of the performance (as the primary operator) of an adequate volume of PACs with acceptable results, reflective of the scope of privileges requested during the past 12 months or completion of training in the past 12 months.

**Renewal of Privilege:** Demonstrated current competence and evidence of the performance of an adequate volume of PACs with acceptable results, reflective of the scope of privileges requested in the past 24 months as the primary operator.

### ***NON-CORE PRIVILEGES: Insertion and Management of Pulmonary Artery Catheters (PAC)***

**Requested**

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### *Qualifications for Colonoscopy Procedures*

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**Criteria:** Successful completion of an accredited residency in general surgery or pediatric general surgery that included training in lower endoscopy procedures with a minimum of 50 performed during training or equivalent training and/or experience obtained outside a formal program that is at least equal to that obtained within the formal residency program.

**Required Current Experience:** Demonstrated current competence and evidence of the performance of an adequate volume of colonoscopy procedures with acceptable results, reflective of the scope of privileges requested, in the past 12 months or completion of training in the past 12 months.

**Renewal of Privileges:** Demonstrated current competence and evidence of the performance of an adequate volume of procedures with acceptable results, reflective of the scope of privileges requested in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### **NON-CORE PRIVILEGES: *Colonoscopy with Polypectomy***

**Requested**

### *Qualifications for Laproscopic Nissen Fundoplication (Antireflux Surgery)*

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**Criteria:** Successful completion of an accredited ACGME or AOA residency in general surgery or pediatric general surgery that included advanced laparoscopic training or completion of a hands on CME in laparoscopic Nissen fundoplication that included preceptorship by a surgeon experience in the procedure.

**Required Current Experience:** Demonstrated current competence and evidence of the performance of an adequate volume of laparoscopic Nissen fundoplication procedures with acceptable results, reflective of the scope of privileges requested in the past 12 months or completion of training in the past 12 months.

**Renewal of Privilege:** Demonstrated current competence and evidence of the performance of an adequate volume of laparoscopic Nissen fundoplication procedures with acceptable results, reflective of the scope of privileges requested in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### **NON-CORE PRIVILEGES: *Laparoscopic Nissen Fundoplication (Antireflux Surgery)***

**Requested**

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### *Qualifications for Patent ductus arteriosus (PDA) Ligation*

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**Criteria:** Successful completion of an ACGME- or AOA-accredited fellowship that included training in PDA ligation or documentation of successful completion of at least 6 procedures performed under the supervision of a qualified physician preceptor.

AND

**Required current experience:** Demonstrated current competence and evidence of performance for an acceptable number of procedures with acceptable results, in the past 12 months or completion of training in the past 12 months.

**Renewal of privileges:** Demonstrated current competence and evidence of the performance of an adequate volume of procedures with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### **NON-CORE PRIVILEGES: *Patent ductus arteriosus (PDA) Ligation***

**Requested**

### *Qualifications for Thoracoscopy*

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**Criteria:** Successful completion of an ACGME- or AOA- accredited fellowship in thoracoscopy that included training in specific procedures requested or documentation equivalent experience with acceptable outcomes.

AND

**Required current experience:** Demonstrated current competence and evidence of performance for an acceptable number of procedures with acceptable results, in the past 12 months or completion of training in the past 12 months.

**Renewal of privileges:** Demonstrated current competence and evidence of the performance of an adequate volume of procedures with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### **NON-CORE PRIVILEGES: *Thoracoscopy [for specified procedures]***

**Requested**

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

1. Bronchogenic cysts
2. Congenital diaphragmatic hernia repair
3. EATEF (Esophageal atresia with tracheoesophageal fistula repair)
4. Lung Resection

### *Qualifications for Use of laser*

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**Criteria:** Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or completion of an approved 8- to 10-hour continuing medical education course that included training in laser principles. In addition, an applicant for privileges should spend time after the basic training course in a clinical setting with an experienced operator who has been granted laser privileges acting as a preceptor. Practitioner agrees to limit practice to only the specific laser types for which he or she has provided documentation of training and experience. The applicant must supply a certificate documenting that he or she attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course.

AND

**Required current experience:** Demonstrated current competence and evidence of the performance of an adequate volume of procedures with acceptable results, in the past 12 months or completion of training in the past 12 months.

**Renewal of privileges:** Demonstrated current competence and evidence of the performance of an adequate volume of procedures with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### **NON-CORE PRIVILEGES: *Use of Laser***

**Requested**

### *Qualifications for Use of Robotic Assisted System for Pediatric Surgery*

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**Initial Criteria** - *To be eligible to apply for privileges in robotic assistance in surgical procedures, the applicant must meet the following criteria:*

Successful completion of ACGME or AOA postgraduate training program that included training in minimal access (laparoscopic) procedures and therapeutic robotic devices and their use

OR

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Completion of approved structured training program that included didactic education on the specific technology, animal laboratory training, and the specialty specific approach to organ systems.

AND

Must hold open/laparoscopic privileges to perform the procedures being requested for use with robotic system

AND

Must hold privileges in, or demonstrate training and experience in, general laparoscopic procedures.

**Required Current Experience:** Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results, or completion of training program within the last 12 months. First three (3) cases must be proctored in the OR by a physician holding robotic privileges at UNMH for applicants meeting criteria #1 (above) or applicants with verified current competency after #2. First ten (10) cases must be proctored in the OR by a physician holding robotic privileges at UNMH for applicants meeting criteria #2 and without verified current competency. Additional proctoring may be required as deemed appropriate by the proctor.

**Renewal of privileges:** Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### **NON-CORE PRIVILEGES: *Use of Robotic Assisted System for Pediatric Surgical Procedures***

#### **Requested**

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

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

1. Ureteropelvic Junction Obstruction
2. Antireflex procedures for Gastroesophageal Reflux Disease
3. Pediatric Congenital Heart Disease such as Ligation of Patent Ductus Arte

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**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 Hospitals and clinics, 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 \_\_\_\_\_

**Department recommendation(s)**

I have reviewed the requested clinical privileges with the applicant and the supporting documentation for the above-named applicant and:

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Division Chief Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Criteria approved by UNMH Board of Trustees on 01/31/2014