

UPMC
Delineation of Privileges Request
Criteria Summary Sheet

Facility: UPMC Passavant

Specialty: GENERAL SURGERY

KNOWLEDGE	Successful Completion of an ACGME/AOA, accredited program
TRAINING	Successful completion of an ACGME -or AOA - approved residency program in General Surgery
CERTIFICATION	Certified, or become certified within five years following completion of residency and/or fellowship training, by the appropriate specialty board of the ABMS, or the AOA
OTHER	<ul style="list-style-type: none"> ▪ Laparoscopic surgery privileges require extra credentialing ▪ IV Moderate Sedation: Required previous experience: Applicant must provide adequate demonstration of current competence in administering moderate sedation. If moderate sedation was not part of formal residency program, the applicant must have completed hands on training in moderate sedation under the supervision of a qualified preceptor. <p><u>RADIOFREQUENCY ABLATION (RFA) FOR LIVER CANCER</u></p> <p>Basic Education: MD or DO</p> <p>Minimum formal training: Applicants must have completed an ACGME/AOA- accredited residency training program in general surgery or completed a fellowship program in vascular and interventional radiology. The applicant must also have completed RFA for a cancer training program and have been proctored in five initial cases by a physician experienced in RFA for cancer treatment.</p> <p style="text-align: center;">AND</p> <p>A letter of reference from the director of the applicant’s surgical/vascular or interventional training program confirming current clinical competency.</p> <p style="text-align: center;">OR</p> <p>For those who have acquired training outside their residency/fellowship or are currently performing RFA for the liver at another institution:</p> <ul style="list-style-type: none"> • Submit a letter from the chief of surgery or department chair at the institution where the applicant been granted such privileges. The

letter should attest to current clinical competency of the physician and validate volume and outcomes over the past two years.

(applicant should include evidence of CME or certification as appropriate)

Reappointment: If Passavant is not the applicant's primary facility, a letter from the appropriate chair where the individual is most active shall be submitted noting current clinical competence, volume and outcome. Evidence of a minimum of 10 RFAs of the liver over the reappointment cycle is expected. Those with less than the minimum shall be evaluated on an individual basis.

* Any physician who is currently credentialed at UPMC Passavant to perform RFA of the liver may serve as a proctor when needed.

PERCUTANEOUS ENDOVASCULAR INTERVENTION

Privileges include: Diagnostic and intervention of arterial, venous and lymphatic systems. Sites include: subclavian/axillary/innominate, aortic/iliac, renal, femoral, mesenteric and popliteal/tibial.

Credentialing in endovascular therapy is on the basis of the performance of a minimum number of procedures that shows a sufficient exposure to the fundamental endovascular techniques to expect that the competence to perform percutaneous endovascular diagnostic and therapeutic procedures has been obtained.

To be privileged, the physician must possess appropriate cognitive skills of the region, perform the appropriate number of procedures, and have a letter of endorsement from the proctor or training program once basic requirements are met.

1. COGNITIVE SKILLS:

It is expected that cognitive skills will be obtained via residency training or CME courses. A list of cognitive skills by no means meant to be totally inclusive include:

- Clinical evaluation and assessment.
- Knowledge of anatomy and physiology of vessels to be tested.
- Familiarity with non-invasive testing.
- Device training
- Knowledge of appropriate indications for interventions
- Ability to perform catheter directed dilations and thrombectomy

2. PERIPHERAL INTERVENTIONS:

For physicians fellowship trained:

Documentation of current completion of a fellowship training program in which I obtained the fundamental skills necessary to perform endovascular procedures; these include: gaining access to the vascular system; selective catheterization defined as placement of a catheter in a branch of the aorta, vena cava or vascular tree beyond the point of introduction of the catheter into the vascular system; treating conditions by endoluminal dilatation or device deployment **AND**

Documentation of the following volume criteria:

Peripheral angiography*	100
Interventions*	50

** Done as primary interventionalist*

For postgraduate physician without fellowship training or those physicians currently performing percutaneous endovascular interventions at other hospitals:

A letter from the Chief / Director where the physician has been granted such privileges. The letter should attest to current competency of the physician and validates the following volume in past **2 years**:

Peripheral angiography*	100
Interventions*	50

References/Competency/Reappointment: A letter from the applicant's director of training or from the applicant's angiographic facility director/designee where the individual is most active noting current clinical competence including volume and outcome. Evidence of 50 angiograms over the reappointment cycle.

To be eligible to request Carotid Interventions, the applicant must have fulfilled the above criteria.

A. CAROTID

1. CAROTID ARTERIOGRAPHY:

- If the physician has met the peripheral angiography criteria (section I above), to receive initial privileges in carotid arteriography, a physician must have performed 50 selective carotid arteriograms with 25 as primary operator.

- *If the physician has not met* the peripheral angiography criteria, then to receive initial privileges in carotid arteriography, the physician must have performed 100 selective carotid angiograms.

2. CAROTID INTERVENTIONS:

- To receive initial privileges in carotid stents, the physician must have full carotid angiogram privileges **and**
- **25** carotid interventions (**15** as primary operator)

For those physicians currently performing carotid stenting at other hospitals:

- A letter from the Chief / Director where the physician has been granted such privileges. The letter should attest to current competency of the physician and validates the following volume in past **2 years**:
 - Cerebral angiograms **50**
 - Carotid Interventions **25** (15 as Primary Interventionalist)

References/Competency/Reappointment: A letter from the applicant's director of training or from the applicant's facility director/designee where the individual is most active noting current clinical competence including volume and outcome. Evidence of 50 angiograms and 25 interventions over the reappointment cycle.

FLUOROSCOPY

To be eligible to request this privilege, the applicant must provide evidence of training by submitting a certificate of training regarding minimizing risks from fluoroscopic x-rays. If this has not been previously acquired, a learning module will be forwarded for completion prior to recommending this privilege. Maintenance of competence: Annual education will be provided by the hospital, which will be assessed for completeness at reappointment.

LASER

1. For each laser type and operative category, produce a letter from your residency chair or director stating the laser safety training and use of supervision during your residency

OR

2. For each specific laser type and operative category provide documentation of an instructional course taken to learn about this specific

laser and its operative applications. Please note that the certificate must delineate the specific laser(s) involved in the course and their operative application(s).

OR

3. Complete the in-house Laser Education and Proctoring Program by:
Taking the University of Iowa Health Care laser safety-training test.

a. You must read the safety course items and then click on Basic Laser Safety Exam. You need to then type in all of your personal information and take the test. Before you click on “Submit the Test” please print the test. Then hit Submit and the test will be scored for you. You will need to print this as well. You must score 100% to pass the test.

b. You will need to submit these two (2) printouts to the appropriate Medical Staff Office. The fax number for the Presbyterian Campus is 412-647-6607 while the fax number for the Shadyside Campus is 412-623-3005.

c. Completing laser proctoring at either the Presbyterian Campus or the Shadyside Campus of UPMC Presbyterian Shadyside with a colleague in your department who is recommended by your department chair as qualified. The proctor must have the laser privileges you are requesting and deem you qualified for each laser type and operative category you are requesting. The individual must proctor two (2) individual cases for each laser type and operative application requested. The proctor’s documentation must accompany the addendum and be returned to the appropriate Medical Staff Office for processing as part of your application to the Medical Staff. The Laser Safety Officer can provide further clarification regarding these policies and give you assistance arranging for a proctor.

NOTE: The request for laser privileges will not be considered unless the necessary documentation is attached