

## Clinical Privileges in Colon & Rectal Surgery

**DEPARTMENT:** SURGERY

**SECTION:** COLON & RECTAL SURGERY

Name: \_\_\_\_\_  
 (please print)

**Qualifications: EDUCATION / TRAINING / EXPERIENCE**

Core privileges in colon/rectal surgery require a MD or DO and successful completion of an American Board of Colon & Rectal Surgery or the American Osteopathic Board of Colon & Rectal Surgery accredited post graduate training program; OR successful completion of an accredited residency training program in Colon & Rectal Surgery that qualifies for Board Certification. Board certification by ABS or AOBS in Colon & Rectal Surgery is required within five years of appointment to medical staff based on Medical Staff Bylaws unless practiced 25 years or greater in respective specialty.

### PRIVILEGING

*As documented by my experience and training on the Application for Appointment/Reappointment to the Medical Staff, I request privileges as indicated below.*

**Applicant:** *Place a check mark and initial in the (R) column for each privilege requested. For all Category II Special Privileges, current case logs indicating the specific procedure(s) requested MUST be submitted for consideration of these special privileges. Applicants may be asked to provide additional documentation of the number and types of hospital cases during the past 24 months as apart of the privileging process.*

*CHAIRMAN: (A) =Recommended as Requested (C) = Recommended with Conditions (N) =Not Recommended*

(R)	(A)	(C)	(N)	<b>CATEGORY I: COLON &amp; RECTAL SURGERY CORE PRIVILEGES</b>	<i>Department Chair Initials</i>
				Privileges to admit; evaluate; diagnose; consult; provide pre-, intra-, and postoperative surgical care; and perform surgical procedures for patients—except as specifically excluded from practice and except for those advanced procedure privileges listed below—to correct or treat various colon/rectal conditions.  <b>COLON &amp; RECTAL SURGERY CORE PRIVILEGES</b>  Anorectal conditions (hemorrhoids, fissures, abscesses, fistulas) Central venous cannulation, including subcutaneous tunneled central catheters Colonic neoplasms (cancer, polyps, familial polyposis) Diverticulitis Endoscopy of the colon and rectum (rigid and flexible Sigmoidoscopy, colonoscopy endoscopic polypectomy) Ventral or incisional Hernia repairs Inflammatory bowel disease (chronic ulcerative colitis, Crohn’s disease) Intestinal and anorectal physiology for management of anal incontinence, constipation, diarrhea, and rectal prolapse Ostomy construction	
				Newborn & infants to 2 years	
				Children 2 years to 14 years	
				Adolescents 14 to 18 years	
				Adults 18 years and greater	

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(R)	(A)	(C)	(N)	<b>CATEGORY II: COLON &amp; RECTAL SURGERY SPECIAL PRIVILEGES</b>			Department Chair Initials
				<i>Must meet the requirements outlined for Category I AND demonstrate proof of additional training, clinical competence and/or experience, with documentation of such additional qualifications.</i>			
				<i>Privilege Requested</i>	<i>Required Previous Experience</i>	<i>Reappointment Criteria</i>	
				Laparoscopic Colectomy		A minimum of 10 documented cases required.	
				Administration of Moderate sedation	<i>For initial clinical privilege request, physicians must read the Moderate Sedation Self Directed Learning Activity, take and pass a post test with a passing score of 80% or better and documentation current ACLS certification or document successful demonstration of airway management, oral airway insertion and ambu bag usage.</i>		

### PRIVILEGE CRITERION

**Provisional Privileges:** Provisional privileges, during the first 6 months of practice of the procedure at Presbyterian Hospital of Rockwall, are conferred to facilitate the pursuit of full colon/rectal privileges at Presbyterian Hospital of Rockwall. With this classification, it is appropriate for the physician to assist in cases and complete any proctoring requirements to meet full privilege requirements for Presbyterian Hospital of Rockwall.

**Special procedures:** Unless otherwise set out in this document, successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable experience; and documentation of competence to obtain and retain clinical privileges as set forth in medical staff policies governing the exercise of specific privileges.

**Use of Laser:** Completion of an approved 6 hour minimum CME course which includes training in laser principles of safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and hands-on experience with lasers. A letter outlining the content and successful completion of course must be submitted, or documentation of successful completion of an approved residency in a specialty or subspecialty which included training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty fields and a minimum of 4 hours didactic and 2 hours hands-on experience with lasers.

**Moderate Sedation:** For initial clinical privilege request, physicians must read the Moderate Sedation Self Directed Learning Activity, take and pass a post test with a passing score of 80% or better and documentation current ACLS certification or document successful demonstration of airway management, oral airway insertion and ambu bag usage.

**Observation / Proctoring Requirements:** Guidelines, scheduling, payment and approval process for the proctoring programs are defined in the Medical Staff policy.

**Reappointment Requirements:** Current demonstrated competence and an adequate volume of current experience with acceptable results in the privileges requested for the past 24 months based on results of quality assessment/improvement activities and outcomes. Practice will be monitored for the first 12 months as per JCAHO guidelines.

**Continuing Medical Education:** In compliance with JCAHO standard the physician must participate in continuing medical education (CME) as per state licensure regulations, outlined by the medical staff by-laws rules and regulations.

**Participation in Societies:** Active participation in societies related to this field is also strongly recommended.

Note: If any privileges are covered by an exclusive contractual agreement, physicians who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training and experience.

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### 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 for which I wish to exercise at Presbyterian Hospital of Rockwall, and

- 1) I understand that:
  - a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation and agree to be proctored.
  - 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.
- 2) I do attest that I have participated in continuing medical education activities related to the privileges I have requested.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Applicant Name – Printed                      Signature                      Date

#### Department Chairman Recommendation

I have reviewed the requested clinical privileges, as well as the appointment / reappointment application, performance improvement profile, and other pertinent appointment / reappointment information. Based on my review I propose the following:

<input type="checkbox"/> Recommend	<input type="checkbox"/> Recommend with Conditions	<input type="checkbox"/> Not Recommended	<input type="checkbox"/> Deferred for Committee Discussion
Comments:			

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Department Chairman Signature                      Date

### ACCEPTANCE AND APPROVAL

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Credentials Chairman Signature                      Date

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 President of Medical Staff Signature                      Date