

**BRYAN MEDICAL CENTER
DELINEATION OF CLINICAL PRIVILEGES**

GENERAL SURGERY

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

AND/OR

Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery.

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. 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.

General Surgery Procedure List (Check privileges requested)

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.

- ___ Adrenal surgery
- ___ Amputations
- ___ Ano-rectal procedures
- ___ Bladder repair, ureter repair
- ___ 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
- ___ Bronchoscopy
- ___ Carpal tunnel release
- ___ Colonic surgery
- ___ Congenital anomalies such as thyroglossal duct cyst and bronchial arch anomalies to include cysts,
- ___ Embolectomy
- ___ Esophageal procedures
- ___ Excision of benign or malignant skin lesions
- ___ Excision of lymph nodes
- ___ Excision of pilonidal disease
- ___ Exploratory surgery of the abdomen
- ___ Flexible or rigid sigmoidoscopy with/without biopsy
- ___ Gallbladder surgery
- ___ Ganglionectomy
- ___ Gastric surgery
- ___ Hernia surgery
- ___ Hysterectomy including salpingo-oophorectomy
- ___ Insertion of vascular access devices

- _____ Laparoscopic biliary surgery
- _____ Liver resections
- _____ Mediastinal procedures
- _____ Omentectomy
- _____ Pancreas surgery
- _____ Parathyroidectomy
- _____ Perform history and physical exams
- _____ Peripheral arterial biopsies
- _____ Peritoneal dialysis surgery
- _____ Peritoneo-venous surgery
- _____ Procedures on the diaphragm
- _____ Renal procedures
- _____ Repair of dehiscence
- _____ Repair of muscles or tendons
- _____ Resection salivary glands
- _____ Skin grafting and traumatic wound closure
- _____ Splenic procedures
- _____ Staging procedures
- _____ Surgery of the small intestine
- _____ Testicular surgery
- _____ Thoracic surgery (lung, abdominal aorta, chest wall, lymphatic system, mediastinum, pericardium, venous systems and traumatic cardiac injuries)
- _____ Thoractomy
- _____ Thrombectomy
- _____ Thyroidectomy
- _____ Tracheostomy
- _____ Traumatic injuries
- _____ Vaginal procedures
- _____ Varicose vein procedures

Surgical First Assist (General Surgery Core)

- _____ Surgical first assist only

COLORECTAL SURGERY CORE PRIVILEGES

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 colon and rectal surgery.

AND

Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification by the American Board of Colon and Rectal Surgery.

Requested: Admit, evaluate, diagnose, treat and provide consultation to patients of all ages, presenting with diseases, injuries and disorders of the intestinal tract, colon, rectum, anal canal, and perianal areas by medical and surgical means, including intestinal disease involvement of the liver, urinary and female reproductive systems. 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.

Colorectal Procedure List (Check procedures requested)

- _____ Anus-All incisional and excisional procedures
- _____ Anus-Repair, plastic operation for stricture; sphincteroplasty
- _____ Intestine-Colon-excision, incision, anastomosis, drainage, ostomies

- _____ Intestine-Small Bowel-all procedures involving dissection, manipulation, incision, and excision as well as anastomosis technique and ostomies
- _____ Pilonidal Cyst-excision, incision and repair
- _____ Rectum-all incisional, excisional, and repair procedures as well as manipulative procedures (reduction of procidentia, removal of foreign bodies)
- _____ Total colonoscopy with or without biopsy and/or with polypectomy

TRAUMA SURGICAL CRITICAL CARE CORE PRIVILEGES

Criteria: Successful completion of an ACGME or AOA accredited residency in general surgery followed by successful completion of a fellowship in surgical critical care.

AND

Current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery.

Requested: Admit, evaluate, diagnose, and manage patients of all ages presenting with issues including resuscitation, surgical intervention, diagnostic studies, ventilator management, and coordination of operative procedures to be performed by other healthcare professionals; supervise and perform all necessary operative cases, and manage the patient throughout the stay in the acute-care facility and coordinate the early institution of rehabilitation and discharge planning. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA)

Requested

Criteria: Documentation of training with first four cases reviewed by the trauma multidisciplinary quality peer review program with Division Chair of Vascular Surgery or designee participation.

Candidate must submit their request for privileges to the credentialing committee following successful completion of the training program with temporary privileges extended until the first four cases with reviews can be submitted to the credentials committee for full privileging.

Rib Plating

Requested

Criteria: Documentation of training during Trauma Critical Care Fellowship

OR

Documentation of training course completion and proctoring of the first five cases by a BMC credentialed physician with rib plating privileges.

BARIATRIC SURGERY PRIVILEGES

Criteria: Documentation of Successful completion of an accredited residency in general surgery and formal didactic training in bariatric surgery, which includes completion of an accredited bariatric surgery fellowship and/or documentation of previous bariatric surgery experience. Must have privileges to perform gastrointestinal surgery and advanced laparoscopic procedures is laparoscopic procedures are requested. Also provide confirmation that malpractice insurance covers bariatric surgery.

Must participate in the Bryan Medical Center structured bariatric center program which provides/coordinates comprehensive, interdisciplinary care of the bariatric patient. Must commit to using the Bryan Medical Center's approved bariatric surgery order sets and protocols and must actively participate with the MBSAQIP.

Reappointment Criteria: Continued active participation within the Medical Center's structured bariatric program and ongoing participation with the MBSAQIP. Demonstrated continued competence as evidenced by outcomes as determined by the composite outcomes measures or periodic review of outcomes from an acceptable regional or national outcomes registry.

- Requested: Open
- Requested: Laparoscopic

SPECIAL NONCORE PRIVILEGES

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

MODERATE SEDATION

Moderate sedation (by any route), with or without analgesia, which in the manner used, may be reasonably expected to result in the loss of protective reflexes. Loss of protective reflexes is an inability to handle secretions without aspiration or to maintain a patient airway independently.

Criteria: Successful completion of post-test is required both on the initial request and at reappointment.

- Requested: Adult Moderate Sedation (>16 years of age)
- Requested: Pediatric Moderate Sedation (equal to or less than 16 years of age)

USE OF LASER

Criteria: Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles. If residency or fellowship was completed prior to 1990, documentation of training/experience is required.

- Requested

ROBOTICS SURGICAL PLATFORM

Criteria: Must be Board Certified or Eligible within your surgical specialty and have current privileges in laparoscopic or thorascopic surgery.

AND

Pathway Criteria:

1. The practitioner must provide a certificate of training in the use of the robotic surgical platform of at least eight (8) hours duration as well as have three (3) hours of personal time on the system during this training.
2. The practitioner must also show evidence of observing at least three (3) clinical cases and four (4) proctored* patient uses of the robotic surgical platform.

**If the proctoring will be done at Bryan Medical Center, the surgeon must apply and be granted robotic surgical platform privileges before the proctored cases are done.*

OR

1. The practitioner must provide case log from residency and/or prior experience, which includes a minimum of thirty (30) cases where the practitioner served as the primary surgeon for the procedure and a letter from the program director and/or facility department chair.
2. First three (3) cases proctored at Bryan Medical Center. Provider may not perform procedure independently until the required proctoring is complete, the form has been submitted to Medical Staff Services and the provider has been notified that the request was granted.

Reappointment Criteria: Minimum of twenty (20) cases within the past 24 months.

In the event the minimum case counts are not achieved at reappointment a recommendation shall be made by the Division Chair of General Surgery, the Credentials Committee, Medical Executive Committee with final discretion from the Board of Trustees.

Requested

MIRA Surgical System

Criteria: Must be Board Certified or Eligible within your surgical specialty and have current privileges in laparoscopic or thorascopic surgery.

1. Certificate of training in the use of MIRA Surgical System from Virtual Incision.
2. The surgeon must also show evidence of observing at least three (3) clinical cases and at least (3) proctored* patient uses of the robotic surgical platform.

*If the proctoring is done at Bryan Medical Center, the surgeon must apply and be granted provisional MIRA Surgical System privileges before the proctored cases are done.

Reappointment Criteria: Minimum of twenty (20) cases within the past 24 months.

In the event the minimum case counts are not achieved at reappointment a recommendation shall be made by the Division Chair of General Surgery, Credentials Committee, Medical Executive Committee with final discretion from the Board of Trustees.

Requested

SPECIAL PROCEDURES:

Criteria: To be eligible to apply for the special procedures listed below, the applicant must demonstrate successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable experience, and provide documentation of competence in performing that procedure.

- Requested: Intraoperative colonoscopy with or without biopsy and/or polypectomy
- Requested: Diagnostic EGD
- Requested: ERCP (Diagnostic)
- Requested: ERCP (Therapeutic)
- Requested: Esophageal dilation with guide wire
- Requested: Esophageal stent replacement
- Requested: Nonvariceal hemostatis (upper & lower, including active bleeders)
- Requested: PEG
- Requested: Pneumatic dilation for achalasia
- Requested: Tumor Ablation
- Requested: Variceal Hemostatis (includes active bleeders)

FOCUSED ABDOMINAL SONOGRAPHY FOR TRAUMA (FAST EXAM)

Criteria: Successful completion of an accredited postgraduate training program in emergency medicine that included training in ultrasound interpretation, or completion of a practice-based pathway and training for ultrasound interpretation.

Requested

TRAUMA TEAM LEADER

Criteria: 1. The candidate must be a General Surgeon who is well qualified in the management of trauma patients as evidenced by:

- a. Postgraduate specialty training in trauma, or
 - b. Surgical residency training in an American College of Surgeons verified Trauma Center, or
 - c. Current certification as an ATLS provider, and
 - d. Documented experience with the primary management of severely injured patients and tracking for one year by performance improvement program and trauma director's review and approval
2. He/she must be Board certified or Board eligible in general surgery
3. Current certification in Advanced Trauma Life Support (ATLS)
4. Active interest in trauma patients is encouraged, and evidenced by Active membership in trauma organizations such as Committee on Trauma of the American College of Surgeons or its regional, state, or local committees, American Association for Surgery of Trauma or other nationally recognized trauma organizations.
5. Demonstrate willingness and commitment to trauma training and education by maintaining trauma CME of 16 hours/year or average of 48 hours over a 3-year period.
6. Attendance of physician of at least 50% of the Trauma Division meetings.

Requested

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 Bryan Medical Center, 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 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: _____

Printed Name: _____

Revised: 5/2024