

BRYAN MEDICAL CENTER
DELINEATION OF CLINICAL PRIVILEGES

ANESTHESIOLOGY

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

AND/OR

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

ANESTHESIOLOGY CORE PRIVILEGES

- Requested:** Privileges are granted to anesthesiologist for the medical management of and the rendering of patients insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures using general anesthesia, regional anesthesia, somatic nerve block, and/or parenteral sedation to a level at which a patient's reflexes may be obtunded. They are also granted for the management of acute and chronic problems of pain relief, cardiopulmonary resuscitation, critical care management, insertion of invasive monitoring techniques/procedures and the provision of consultative services.

Anesthesiology Core Procedure List (Please check procedures 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.

- _____ Assessment or, consultation for, and preparation of patient for anesthesia.
- _____ Clinical management of cardiac and pulmonary resuscitation.
- _____ Diagnosis and treatment of acute pain.
- _____ Evaluation of respiratory function and application of respiratory therapy.
- _____ Image guided procedures.
- _____ Management of critically ill patients
- _____ Monitoring and maintenance of normal physiology during the perioperative period.
- _____ Perform history and physical exams.
- _____ Relief and prevention of pain during and following surgical, obstetric, therapeutic, and diagnostic procedures using sedation/analgesia, general anesthesia, regional anesthesia.
- _____ Supervision and evaluation of performance of personnel, both medical and paramedical, involved in perioperative care
- _____ Supervision of Certified Registered Nurse Anesthetist.
- _____ Treatment of patients for pain management.

PAIN MANAGEMENT CORE PRIVILEGES
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- Requested:** Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages with acute and chronic pain that requires invasive pain medicine procedures beyond basic pain medicine.

Pain Management Core Procedure List (Please check procedures 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.

- Perform history and physician exam
- Behavioral modification and feedback techniques
- Chemical neuromuscular denervation (eg Botox injections)
- Diagnosis and treatment of chronic and cancer related pain
- Discography
- Epidural and subarachnoid injections
- Epidural, subarachnoid or peripheral neurolysis
- Fluoroscopically guided facet blocks, sacroiliac joint injections and nerve root specific
- Implantations of subcutaneous, epidural and intrathecal catheters
- Implantation and removal of spinal cord stimulators and pulse generators
- Implantation and removal of peripheral nerve/field stimulators
- Infusion port and pump implantation
- Injection of joint and bursa
- Neuroablation with cryo, chemical and radiofrequency modalities
- Neuroplasty
- Percutaneous implantation of neurostimulator electrodes
- Peripheral, cranial, costal, plexus and ganglion nerve blocks
- Rehabilitative and restorative therapy
- Stress management and relaxation techniques
- Superficial electrical stimulation techniques (eg TENS)
- Trigger point injection

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.

TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)-BASIC

BASIC: Possesses technical skills to use TEE to recognize markedly abnormal cardiac structure; including fxn, severe hypovolemia, large pericardial effusion, and present of intracardiac air.

Criteria: Successful completion of an accredited residency in anesthesiology that included education and direct experience in TEE with performance and interpretation of at least 25 supervised TEE cases.

OR

Completion of an ACGME accredited cardiovascular anesthesia fellowship.

OR

National Board of Echocardiography certification in **Basic** Perioperative TEE.

OR

Documentation of the following:

1. Able to acquire all 20 recommended cross-sections
2. 150 complete examinations performed under supervision. Supervisor must have completed at least the requirements of “advanced” training set forth below

3. Of the 150 exams, 50 must be interpreted/performed/reported solely by trainee
4. Proof of Cognitive competence is successful completion of the NBE exam OR successful completion of iTEE on E-echocardiography.com OR equivalent course/meeting.
5. Must complete **20 hours of CME** on echocardiography initially

Reappointment Criteria:

1. Complete an additional **10 CME hours** in the past 24 months
2. Performance of at least 50 TEE procedures in the past 24 months.

Requested

TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)-ADVANCED
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ADVANCED: Imparts the cognitive and technical skills necessary to employ independently the full diagnostic potential of perioperative echocardiography, including the expertise to affect changes in cardiac surgical procedures.

Criteria:

National Board of Echocardiography certification in **Advanced** Perioperative TEE.

OR

Documentation of the following:

1. 150 comprehensive exams performed under supervision, all exams must be performed/interpreted/reported by trainee. Supervisor must have completed the requirements of “Advanced” training and completed at least 450 examinations, or have completed accredited fellowship training
2. Proof of Cognitive competence is successful completion of the NBE Advanced exam OR successful completion of Advanced TEE on E-echocardiography.com OR equivalent course/meeting
3. Must complete **50 CME hours** initially over 2 year period.

Reappointment Criteria:

1. Complete an additional **20 CME hours** in the past 24 months
2. Performance of at least **100 TEE procedures** in the past 24 months.

Source: Adapted from: Practice guidelines for perioperative transesophageal echocardiography. A report by the American Society of Anesthesiologists and the Society of Cardiovascular Anesthesiologists Task Force on Transesophageal Echocardiography. *Anesthesiology* 84(4): 986-1006, 1996.

American Society of Echocardiography/Society of Cardiovascular Anesthesiologists, Recommendations and Guidelines for Continuous Quality Improvement in Perioperative Echocardiography, *J Am Soc Echocardiogram* 2006; 19:1303-1313

Requested

TRAUMA MEMBER

Criteria: Board Certification or Eligibility in your specialty.

Requested

Point of Care Ultrasound

Criteria: 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 the procedure

Requested

Vertebral Augmentation (kyphoplasty)

Criteria: Successful completion of a pain medicine fellowship that included education and direct experience with vertebral augmentation (kyphoplasty).

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 Bryan Medical Center 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.

Signature: _____ Date: _____