



Printed Name

Clinical Privileges Profile Urology

Kettering Medical Center System

Kettering Medical Center Sycamore Medical Center

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.

Clinical Service Chief: 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 the site(s) and setting(s) 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 is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR UROLOGY

To be eligible to apply for core privileges in urology, the initial applicant must meet the following criteria:

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

AND

Current certification or active participation in the examination process with achievement of certification within six years leading to certification in urology by the American Board of Urology or the American Osteopathic Board of Surgery (Urological Surgery).

Required previous experience: Applicants for initial appointment must be able to demonstrate performance of at least 50 urological procedures in a hospital operating room setting, reflective of the scope of privileges requested, during the past 12 months, or demonstrate successful completion of an ACGME- or AOA-accredited residency, or clinical fellowship within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in urology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (100 urological procedures in a hospital operating room setting) 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 ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES

UROLOGY CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, treat (surgically or medically), and provide consultation to patients of all ages presenting with medical and surgical disorders of the genitourinary system and the adrenal gland and including endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures. May provide care to patients in the intensive care setting in conformance with unit policies. 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.

SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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 maintenance of clinical competence.

LAPAROSCOPIC RADICAL PROSTATECTOMY (LRP)

Criteria: Successful completion of an ACGME- or AOA-accredited residency in urology or general surgery that included training in minimally invasive surgery for LRP or completion of a hands-on CME in LRP, which was supervised by an experienced LRP surgeon. All applicants should also have the ability to perform open radical retropubic prostatectomies.

Required previous experience: Demonstrated current competence and evidence of the performance of at least 5 laparoscopic procedures in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least 10 laparoscopic procedures which included 5 LRPs in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

- Requested**

LAPAROSCOPIC NEPHRECTOMY

Criteria: Successful completion of an ACGME or AOA accredited residency in urology that included training in laparoscopic kidney surgery. If applicant does not have such formal training, he or she should be able to demonstrate equivalent training that included procedures proctored by an experienced laparoscopic kidney surgeon. Applicant must also have privileges to perform all corresponding open kidney procedures for which he is requesting laparoscopic privileges.

Required previous experience: Demonstrated current competence and evidence of the performance of at least 5 laparoscopic kidney procedures in the past 24 months. Robotic assisted kidney procedures, if performed by the applicant, count towards this requirement.

Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least 5 laparoscopic kidney procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. Robotic assisted kidney procedures, if performed by the applicant, count towards this requirement. In addition, continuing education related to laparoscopic kidney procedures is recommended.

Requested

DAVINCI ROBOTIC ASSISTED LAPAROSCOPIC PROSTATE PROCEDURES, INCLUDING RELATED PELVIC LYMPH NODE DISSECTION*

Criteria: Successful completion of an ACGME or AOA accredited residency or fellowship in urology that included training in robotic assisted laparoscopic prostate procedures. If such training was completed within the past three years, the program director of such residency program must provide a letter stating that applicant is qualified to perform prostate procedures utilizing the daVinci Surgical System. If greater than three years, the applicant must also provide a case log of at least 4 cases performed within the past year and a letter from the appropriate hospital department chair stating the applicant is qualified to perform prostate procedures utilizing the daVinci Surgical System. If applicant does not have such formal training, he or she should be able to demonstrate equivalent training that includes the following:

- 1) Observation of two robotic assisted prostate procedures with a preceptor physician teaching.
- 2) Completion of all phases of the Intuitive Surgical daVinci clinical training program, which includes hands on simulation, both “dry lab” and animal lab (usually with the porcine model).
- 3) Proctoring of the applicants initial 2 procedures either by a surgeon experienced in proctoring robotic assisted laparoscopic prostate procedures or a surgeon holding robotic assisted laparoscopic prostate procedure privileges at Kettering Medical Center.

Applicant must also have privileges to perform all corresponding open prostate procedures for which he is requesting robotic assisted laparoscopic privileges.

Required previous experience: Demonstrated current competence and evidence of the performance of at least 3 robotic assisted prostate procedures in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least at least at least 5 robotic assisted prostate procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to robotic assisted prostate procedures is recommended.

Requested

*Not applicable to Sycamore Medical Center

DAVINCI ROBOTIC ASSISTED LAPAROSCOPIC KIDNEY PROCEDURES, INCLUDING RELATED RETROPERITONEAL LYMPH NODE DISSECTION*

Criteria: Successful completion of an ACGME or AOA accredited residency or fellowship in urology that included training in robotic assisted laparoscopic kidney procedures. If such training was completed within the past three years, the program director of such residency program must provide a letter stating that applicant is qualified to perform kidney procedures utilizing the daVinci Surgical System. If greater than three years, the applicant must also provide a case log of at least 4 cases performed within the past year and a letter from the appropriate hospital department chair stating the applicant is qualified to perform kidney procedures utilizing the daVinci Surgical System.

If applicant does not have such formal training, he or she should be able to demonstrate equivalent training that includes the following:

- 1) Observation of two robotic assisted kidney procedures with a preceptor physician teaching.
- 2) Completion of all phases of the Intuitive Surgical daVinci clinical training program, which includes hands on simulation, both “dry lab” and animal lab (usually with the porcine model).
- 3) Proctoring of the applicants initial 2 procedures either by a surgeon experienced in proctoring robotic assisted laparoscopic kidney procedures or a surgeon holding robotic assisted laparoscopic kidney procedures privileges at Kettering Medical Center.

Applicant must also have privileges to perform all corresponding open kidney procedures for which he is requesting robotic assisted laparoscopic privileges.

Required previous experience: Demonstrated current competence and evidence of the performance of at least 3 robotic assisted kidney procedures in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least at least at least 5 robotic assisted kidney procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to robotic assisted kidney procedures is recommended.

Requested

*Not applicable to Sycamore Medical Center

DAVINCI ROBOTIC ASSISTED LAPAROSCOPIC PELVIC SURGERY FOR PROLAPSE*

Criteria: Successful completion of an ACGME or AOA accredited residency or fellowship in obstetrics/gynecology or urology that included training in robotic assisted laparoscopic pelvic surgery for prolapse. If such training was completed within the past three years, the program director of such residency program must provide a letter stating that applicant is qualified to perform pelvic surgery for prolapse utilizing the daVinci Surgical System. If greater than three years, the applicant must also provide a case log of at least 4 cases performed within the past year and a letter from the appropriate hospital department chair stating the applicant is qualified to perform pelvic surgery for prolapse utilizing the daVinci Surgical System.

If applicant does not have such formal training, he or she should be able to demonstrate equivalent training that includes the following:

- 1) Observation of two robotic assisted pelvic surgeries for prolapse with a preceptor physician teaching.
- 2) Completion of all phases of the Intuitive Surgical daVinci clinical training program, which includes hands on simulation, both “dry lab” and animal lab (usually with the porcine model).
- 3) Proctoring of the applicants initial 2 procedures either by a surgeon experienced in proctoring robotic assisted laparoscopic pelvic surgery for prolapse or a surgeon holding privileges at Kettering Medical Center to perform robotic assisted laparoscopic pelvic surgery for prolapse.

Required previous experience: Demonstrated current competence and evidence of the performance of at least 2 robotic assisted kidney pelvic surgery for prolapse in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least at least at least 4 robotic assisted pelvic surgery for prolapse in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to robotic assisted pelvic surgery for prolapse is recommended.

Requested

*Not applicable to Sycamore Medical Center

ADMINISTRATION OF SEDATION AND ANALGESIA

Requested See Hospital Policy for Moderate Sedation

CORE PROCEDURE LIST

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 that you do not wish to request, initial, and date.

1. All forms of prostate ablation and removal, including needle biopsy
2. Anterior pelvic exenteration (male and female)
3. Appendectomy, as a component of a urologic procedure
4. Bladder instillation treatments for benign and malignant diseases
5. Bowel resection and/or creation of enterostomy as a component of a urologic procedure
6. Closure of wound evisceration
7. Creation of neobladder, including orthotopic reconstruction and cutaneous continent diversion
8. Creation of ileal conduit
9. Endoscopy of the genito-urinary system for the diagnosis and treatment of benign and malignant processes, including biopsy, resection, the use of lasers, and insertion/removal of stents
10. Extracorporeal shock wave lithotripsy (ESWL)*
11. Inguinal herniorrhaphy as related to a urologic operation
12. Laparotomy for urologic related conditions
13. Lymph node dissection- inguinal, retroperitoneal, or pelvic
14. Management of congenital anomalies, open or endoscopic, of the genitourinary tract, including epispadias, hypospadias, and urethral valves
15. Microsurgery for epididymo-vasotomy and vaso-vasotomy
16. Open stone surgery on the kidney, ureter, and bladder
17. Percutaneous aspiration or tube insertion as it relates to a urologic procedure or condition
18. Performance and evaluation of urodynamics studies
19. Performance of history and physical examination
20. Plastic and reconstructive procedures on the ureter, bladder, urethra, genitalia, and kidney
21. Prostate brachytherapy
22. Renal surgery through an established nephrostomy or pyelostomy, including percutaneous nephrolithotomy (PCNL)
23. Sacral nerve stimulation for urinary control
24. Surgery to correct pelvic prolapse, including grafting (all material types) using vaginal or abdominal approach
25. Surgery to restore urinary continence, including peri-urethral injections, insertion of artificial sphincter, and insertion of all mesh slings (synthetic or biologic)
26. Surgery of the testicle, scrotum, epididymis and vas deferens, including biopsy, excision, reduction of torsion, and orchiopexy.
27. Surgery upon the adrenal gland

28. Surgery upon the kidney, including removal, partial removal, reconstruction, for benign and malignant processes, including cryo and thermal ablation techniques
29. Surgery upon the penis and foreskin for reconstruction or treatment of benign and malignant disease, including grafting, laser ablation, and insertion of prosthetic devices
30. Surgery upon the ureter and renal pelvis
31. Surgery upon the urinary bladder for benign or malignant disease, including partial and complete resection, diverticulectomy, and reconstruction
32. Urethral fistula repair, including all forms of grafting
33. Ventral/flank herniorrhaphy as related to a urologic operation

*Not applicable to Sycamore Medical Center

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 Hospital, 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.

Signature: _____ **Date:** _____

CLINICAL SERVICE CHIEF'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Clinical Service Chief Signature: _____ **Date:** _____

.....
FOR MEDICAL STAFF OFFICE USE ONLY
.....

Credentials Committee action

Date: _____

Medical Executive Committee action

Date: _____

Board of Directors

Date: _____

Adopted: November 11, 2010