

UPMC
Delineation of Privileges Request
Criteria Summary Sheet

Facility: UPMC Presbyterian

Specialty: GENERAL SURGERY

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| KNOWLEDGE | Successful Completion of an ACGME/AOA, accredited program |
| TRAINING | Successful completion of an ACGME -or AOA - approved residency program in General Surgery |
| CERTIFICATION | N/A |
| OTHER | <p><u>FLUOROSCOPY</u></p> <p>Initial Privileges</p> <ol style="list-style-type: none"> 1. Review the educational materials contained in a didactic manual, “Minimizing Risks from Fluoroscopic X-Rays” by Louis Wagner & Benjamin Archer. 2. Successfully complete a written test (passing grade of 80%). Up to 2.5 Category 1 CME credits will be awarded for a passing score. 3. Complete and submit a CME registration and evaluation form. <p>For Re-certification (re-certification for fluoroscopy certification is required as part of the reappointment process):</p> <ol style="list-style-type: none"> 1. Access the Fluoroscopy Rapid Deployment CME module at the following website: http://cme.health.pitt.edu <p><u>LASER</u></p> <ol style="list-style-type: none"> 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 <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 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). <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 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

DIVISION OF SURGICAL ONCOLOGY (PROTOCOL FOR ROBOTIC SURGERY)

As one of the leading academic oncologic surgery programs in the country the University of Pittsburgh, Division of Surgical Oncology is committed to advancing minimally invasive surgery for the treatment of intra-abdominal malignancies. It is our belief that the enhanced 3D visualization and articulating instrumentation offered by the DaVinci surgical robot is the appropriate platform to expand the breath of complex oncologic procedures. In order to ensure appropriate development and ensure patient safety we have developed the following guidelines/SOP for Robotic utilization and development. The protocol focuses on 1. Surgeon training and credentialing. 2. Case Selection. 3. Intraoperative Policies and Procedures.

1.0 Surgeon Training and Credentialing

- Surgeons must complete the Intuitive Surgical formal training course.
- Surgeons must demonstrate proficiency in minimally invasive

surgery verified by case logs and committee review prior to booking robotic surgery cases.

- If applicable, surgeons should attend one live case at a robotic surgery center performing procedures similar to those the surgeon would like to perform at UPMC.
- Surgeons should observe at least one robotic surgery case at UPMC Presbyterian prior to booking their first case in order to get acquainted with OR conduct and setup.

2.0 Case Selection and Data Safety Monitoring

- Cases will be evaluated individually and approved by the Chief of the Division of Surgical Oncology prior to scheduling.
- The initial cases scheduled by a surgical team should comprise cases that the surgeon is currently performing routinely with good outcomes.
- Proposals for new applications for the Robotic Platform will be presented to the Robotic Surgery Committee and the Chief of the Division for approval prior to being scheduled.
- All cases and outcomes will be reviewed quarterly by the Chief of the Division and robotic surgery committee.
- Any adverse outcomes deemed to be related to the use of the Robotic Platform will be reported within 24 hours to the Chair of the SSOC
- All patients will be informed about the limited experience with robotic surgery along with risks and benefits.

3.0 Intraoperative Policies and Procedures

- All robotic surgery cases will be scheduled with two attending surgeons that meet the credentialing criteria in 1.0, until adequate experience in that particular procedure has been achieved as determined by the robotic surgery committee.
- Cases will be recorded and available for review by the robotic surgery committee.
- The cases will be staffed by nurses who have undergone the Intuitive Surgical training program.
- If at any time during the procedure one of the attending surgeons feels the case is not progressing satisfactorily and should be converted to an open procedure the case will be converted.

4.0 Division of Surgical Oncology Robotic Surgery Committee

- Chief of the Division of Surgical Oncology
- Director of Robotic Surgery for Division of Surgical Oncology
- Representative from HELSI Robotic Surgery Committee
- Representative from Urologic Robotic Surgery Program

The above policies will be continue to evolve as the program develops

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| | and should be reviewed and amended to allow for integration of fellow and resident education as well as proctoring. |
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