

UPMC  
**Delineation of Privileges Request  
 Criteria Summary Sheet**

**Facility:** UPMC Passavant

**Specialty:** NEUROSURGERY

<b>KNOWLEDGE</b>	Successful Completion of an ACGME/AOA, accredited program
<b>TRAINING</b>	Successful completion of an ACGME or AOA approved residency program in Neurological Surgery
<b>CERTIFICATION</b>	Certified, or become certified within five years following completion of residency and/or fellowship training, by the appropriate specialty board of the ABMS, or the AOA
<b>OTHER</b>	<ul style="list-style-type: none"> <li>▪ <b>Fluoroscopic Privileges:</b> To be eligible to request this privilege, the applicant must provide evidence of training by submitting a certificate of training regarding minimizing risks from fluoroscopic x-rays. If this has not been previously acquired, a learning module will be forwarded for completion prior to recommending this privilege. <u>Maintenance of competence:</u> Annual education will be provided by the hospital, which will be assessed for completeness at reappointment.</li> <li>▪ <b>IV Moderate Sedation: Required previous experience:</b> Applicant must provide adequate demonstration of current competence in administering moderate sedation. If moderate sedation was not part of formal residency program, the applicant must have completed hands on training in moderate sedation under the supervision of a qualified preceptor.</li> <li>▪ The following privileges require documentation of training and demonstration of continuing competence:             <ul style="list-style-type: none"> <li>▪ Tumor Skull Base</li> <li>▪ Brain stem tractotomy</li> <li>▪ Dummy catheters (brachytherapy)</li> <li>▪ Focused beam radiation creating a lesion</li> <li>▪ Trans-oral approach to cranio-vertebral junction</li> </ul> </li> </ul>

**LASER**

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

**OR**

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).

**OR**

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