UPMC Delineation of Privileges Request Criteria Summary Sheet

Facility: Childrens Hospital of Pittsburgh of UPMC, North

Specialty: UROLOGY

| KNOWLEDGE | Successful Completion of an ACGME/AOA accredited program or an equivalent foreign degree |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TRAINING | The successful completion of an ACGME or AOA approved post graduate residency program in Urology or equivalent foreign training |
| CERTIFICATION | See below |
| OTHER | For Procedural Sedation Privileges: Must show PALS, ATLS, or ACLS Certification Initial Appointment: General Urological Surgery Core: Candidates must be American Board certified (ABMS accredited Board) in Urological Surgery within five (5) years of becoming eligible to sit for the exam. Must have special expertise in renal transplantation or another specific area of expertise not routinely performed by physicians with Pediatric Urological Surgery Core privileges. Exceptions may be considered in unusual circumstances with approval of the Pediatric Urological Surgery Division Chief, CHP Surgeon-in-Chief and CHP Credentials and Medical Executive committees. Pediatric Urological Surgery Core: In addition to the General Urological surgery Core, the applicant must also have completed a clinical fellowship of one year or greater in length in an ACGME approved Pediatric Urological surgery program or a program with a case load volume of over <u>500</u> procedures per year approved by the Director of the Department of Urology. Alternatively, the applicant must have had a minimum of five years of clinical operative experience in a setting whereby 50% or greater of their practice consisted of pediatric age patients with the approval of the Director of Pediatric Urology. The applicant must demonstrate, by submission of surgical logs, the following experience in the two years |

| preceding appointment: the performance as operating surgeon or first assistant surgeon in 500 urological surgical operations in children less than 18 years of age. In addition, the applicant must have performed as primary surgeon a sufficient number of procedures to verify technical competency. Experience garnered during residency and/or fellowship training may be included. Exceptions to these criteria would require approval by the Director of Pediatric Urology. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Specific/Special Urological Surgical Privileges: Individuals who provide a specific area of expertise such as Renal Transplantation or advanced endoscopic or laparoscopic skills may qualify for appointment with the approval of the Director, Department of Pediatric Urological surgery, and the Surgeon-in-Chief. |
| Reference Letter: Reference letters from two Urological Surgeons familiar with the applicant's P <u>ediatric Experience</u> or " <u>Specific/Special Expertise</u> <u>experience</u> " and one Pediatric Urologist that the applicant has worked with during the preceding two years are required. |
| REAPPOINTMENT TO ACTIVE OR AFFLIATE STAFF: |
| Reappointment shall be based on objective results of care according to existing quality of care mechanisms; activity must comply with the Medical Staff Development Policy. |
| Applicants for the Pediatric Urological Surgery Core must demonstrate that they have managed at least <u>200</u> pediatric urological patients during the past 24 months or the primary surgeon for <u>200</u> Pediatric Urological surgery cases during the past 24 months. This activity must be verified to the satisfaction of the division chief. |
| Individuals applying to be re-appointed to the General Urological Surgery Core or for "Specific/Special Urological Surgery Privileges" must document their adult or pediatric specific clinical practice involvement in at least 5 cases of that nature during the past 24 months. This activity must be verified to the satisfaction of the division chief. There may be circumstances in which privileges will be renewed at the discretion of the Director, Department of Urology with fewer than 5 cases. |
| • There must be documented (listing of course, date, CMEs awarded) evidence of a minimum of 30 Category I continuing medical education hours related to pediatric urological surgery or renal transplantation during the preceding 24 months. Note: Five |

| (5) of these credits must be patient safety/risk management credits and should be clearly marked |
|-----------------------------------------------------------------------------------------------------|
| |