

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

Facility: UPMC Passavant

Specialty: UROLOGY

KNOWLEDGE	Successful Completion of an ACGME/AOA accredited program
TRAINING	The successful completion of an ACGME or AOA approved post graduate residency program in Urology
CERTIFICATION	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
OTHER	<ul style="list-style-type: none"> ▪ Laparoscopic surgery privileges require extra credentialing ▪ IV Moderate Sedation: Required previous experience: 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. <p><u>LAPAROSCOPIC, NEPHRECTOMY, PYELOPLASTY, LYMPH NODE DISSECTION, PARTIAL NEPHRECTOMY</u></p> <ul style="list-style-type: none"> ▪ Documentation of completion of a surgical residency or fellowship which incorporated hands-on experience in laparoscopy, thoracoscopy, or retro-peritoneal lymph node biopsy surgery in which I was primary surgeon. This documents the training program and includes the number of cases performed by me. This may come in letter format from the Program Director noting training/volume. <p>(For physicians who do not have these privileges at this Hospital or another institution)</p> <ul style="list-style-type: none"> ▪ Documentation of completion of a 16 hour course in the privileges requested, with hands-on training. (A course curriculum and certificate of completion must be included.) ▪ Documentation of observation of at least five (5) surgical cases by a surgeon duly credentialed to perform such

procedures. (Cases need to be specific to the privileges requested.)

- Documentation of assisting at three (3) cases specific to the privileges requested

(For physicians who have these privileges at another institution.)

- Documentation of experience in laparoscopic, thoracoscopic, or retro-peritoneal lymph node biopsy surgery at another institution, with a list of at least five (5) cases within the previous year, of the specific procedure in which privileges are requested, along with an evaluation of performance of these procedures by the Chairman of the Surgical Department or departments where the procedures were performed. This material will be evaluated on an individual basis.

PROSTATE SEED IMPLANTATION

Education: MD or DO

Minimum Formal Training:

The applicant must demonstrate successful completion of an approved* residency program in Radiation Oncology, where prostate seed implantation was part of the residency program.

If the prostate seed implantation was not part of the residency program, the urologist and the radiation oncologist must demonstrate that they have completed an approved course in prostate seed implantation and that they have been proctored in at least three (3) cases by a physician experienced in this procedure.

Board Certification:

Certification in radiation oncology by the American Board of Radiology or the American Osteopathic Board of Radiology or board admissible.

Experience:

The radiation oncologist applicant must demonstrate that they have performed at least 20 prostate seed implantation procedures during residency with satisfactory outcomes.

If training was received through an approved course, the applicant must demonstrate that they have performed at least 5 prostate seed implantation procedures in the last 12 months with satisfactory outcomes.

Reappointment:

The applicant must demonstrate that he or she has maintained competence by demonstrating the performance of at least 10 prostate seed implantation procedures in the last 12 months with satisfactory outcomes.

References:

At letter of reference must come from the department chairperson at the hospital where the applicant currently has or has had prostate seed implantation privileges, or from the director of the physician's residency program. If not a part of the residency program, then a letter from the course director will be required.

FLUOROSCOPY

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. Maintenance of competence: Annual education will be provided by the hospital, which will be assessed for completeness at reappointment.

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-

	<p>623-3005.</p> <p>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.</p> <p>The Laser Safety Officer can provide further clarification regarding these policies and give you assistance arranging for a proctor.</p> <p>NOTE: The request for laser privileges will not be considered unless the necessary documentation is attached</p>
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