

UNMH GENERAL SURGERY PRIVILEGES

NAME: _____ EFFECTIVE DATES: FROM _____ TO _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective June 28, 2017:

INSTRUCTIONS:

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.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation.

OTHER REQUIREMENTS:

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics 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 defines qualifications 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 GENERAL SURGERY:

Initial Privileges: To be eligible to apply for privileges in general surgery, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited postgraduate training program in general surgery; **AND/OR**
2. Current certification or active participation in the examination process, leading to subspecialty certification in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery; **AND**
3. Completion of certification in advanced cardiac life support (ACLS), advanced trauma life support (ATLS), and fundamentals of laparoscopic surgery, or equivalent clinical training or experience; **AND**
4. Required current experience: An adequate volume of general surgery procedures, reflective of the scope of privileges requested, during the past twelve (12) months, or demonstrated successful completion of an ACGME or AOA-accredited residency or clinical fellowship within the past twelve (12) months.

Renewal of Privileges: To be eligible to renew privileges in general surgery, the applicant must meet the following criteria: Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

UNMH GENERAL SURGERY PRIVILEGES

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CORE PRIVILEGES: General Surgery

Admit, evaluate, diagnose, consult, and provide pre-, intra-, and post-operative care and perform surgical procedures to patients of all ages to correct or treat various conditions, diseases, disorders, and injuries of the alimentary tract; skin, soft tissues, and breast; endocrine system; head and neck, surgical oncology, trauma and non-operative trauma, and vascular system. 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 below procedure lists, and other such procedures that are extensions of the same techniques and skills.

Requested

General Surgery Core Procedures List

This list is a sampling of procedures included in the general surgery core. 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 listed in the core, strike through then initial and date those procedures you do not wish to request.

1. Performance of history and physical examination.

Trauma, Abdomen, Alimentary

2. Abdominoperineal resection.
3. Amputations, above and below the knee, toe, transmetatarsal, digits, upper extremity
4. Anoscopy
5. Appendectomy
6. Circumcision
7. Colectomy (abdominal)
8. Colon surgery for benign or malignant disease
9. Colotomy, colostomy
10. Correction of intestinal obstruction
11. Drainage of intra-abdominal, deep ischiorectal abscess
12. Emergency thoracostomy
13. Endoscopy (intraoperative)
14. Enteric fistulae, management
15. Enterostomy (feeding or decompression)
16. Esophageal resection and reconstruction
17. Esophagogastrectomy, distal
18. Excision of fistula in ano/fistulotomy, rectal lesion

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19. Excision of pilonidal cyst/marsupialization
20. Gastric operations for cancer (radical, partial, or total gastrectomy)
21. Gastroduodenal surgery
22. Gastrostomy (feeding or decompression)
23. Genitourinary procedures incidental to malignancy or trauma
24. Gynecological procedure incidental to abdominal exploration
25. Hepatic resection
26. Hemorrhoidectomy, including stapled hemorrhoidectomy
27. Incision and drainage of abscesses and cysts
28. Incision and drainage of pelvic abscesses
29. Incision, excision, resection and enterostomy of small intestine
30. Incision, drainage, and debridement, perirectal abscesses
31. Insertion and management of pulmonary artery catheters
32. IV access procedures, central venous catheter, and ports
33. Laparoscopy (diagnostic), appendectomy, cholecystectomy, lysis of adhesions, mobilization, and catheter positioning.
34. Laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis or trauma.
35. Liver biopsy (intraoperative), liver resection
36. Management of burns
37. Management of intra-abdominal trauma, including injury, observation, paracentesis, lavage
38. Management of multiple trauma
39. Nephrectomy
40. Nephrorrhaphy
41. Operations on gallbladder, biliary tract, bile ducts, hepatic ducts, including biliary tract reconstruction
42. Pancreatectomy, total or partial
43. Pancreatic sphincteroplasty
44. Panniculectomy
45. Proctosigmoidoscopy, rigid with biopsy, with polypectomy/tumor excision
46. Pyloromyotomy
47. Radical regional lymph node dissections
48. Removal of ganglion (palm or wrist; flexor sheath)
49. Repair of perforated viscus (gastric, small intestine, large intestine)
50. Repair of traumatic cardiac injuries
51. Scalene node biopsy
52. Sigmoidoscopy, fiber optic with or without biopsy, with polypectomy
53. Small bowel surgery for benign or malignant disease
54. Splenectomy (trauma, staging, therapeutic)
55. Sternotomy
56. Surgery of the abdominal wall, including management of all forms of hernias, including diaphragmatic and inguinal hernias, and orchiectomy in association with hernia repair
57. Thoracentesis

UNMH GENERAL SURGERY PRIVILEGES

NAME: _____ EFFECTIVE DATES: FROM _____ TO _____

58. Thoracoabdominal exploration
59. Thoracotomy
60. Tracheostomy
61. Transhiatal esophagectomy
62. Tube thoracostomy
63. Uteral repair
64. Urinary bladder resection or repair
65. Vagotomy (truncal, selective, highly selective)

Breast, Skin, and Soft Tissue

66. Complete mastectomy with or without axillary lymph node dissection
67. Excision of breast lesion
68. Breast biopsy
69. Incision and drainage of abscess
70. Management of soft tissue tumors, inflammations, and infections
71. Modified radical mastectomy
72. Operation for gynecomastia
73. Partial mastectomy with or without lymph node dissection
74. Radical mastectomy
75. Skin grafts
76. Subcutaneous mastectomy
77. Endocrine system
78. Excision of thyroid tumors
79. Excision of thyroglossal duct cyst
80. Parathyroidectomy
81. Thyroidectomy and neck dissection

Vascular Surgery

82. Hemodialysis access procedures
83. Peritoneal venous shunts, shunt procedure for portal hypertension
84. Peritoneovenous drainage procedures for relief or ascites
85. Sclerotherapy
86. Vein ligation and stripping

SPECIAL NON-CORE PRIVILEGES

If desired, non-core privileges are requested individually in addition to requesting the core privileges. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested, including training, required, experience, and maintenance of clinical competency.

UNMH GENERAL SURGERY PRIVILEGES

NAME: _____ EFFECTIVE DATES: FROM _____ TO _____

QUALIFICATIONS FOR ADVANCED LAPAROSCOPIC PROCEDURES:

Criteria: To be eligible to apply for advanced laparoscopic procedures, the applicant must meet the following criteria:

1. Successful completion of an accredited residency in general surgery that included advanced laparoscopic training or completion of a hands-on CME course; **AND**
2. Required current experience: Demonstrated current competence and evidence of the performance of an acceptable volume of advanced laparoscopic procedures in the past twelve (12) months or completion of training in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Advanced Laparoscopic Procedures

1. Adrenalectomy
2. Colectomy
3. Common duct exploration/stone extraction
4. Donor nephrectomy
5. Splenectomy

Requested

QUALIFICATIONS FOR BREAST CRYOABLATION

Criteria: To be eligible to apply for breast cryoablation, the applicant must meet the following criteria:

1. Successful completion of an ACGME OR AMA accredited residency training program in general surgery that included formal training in ultrasound and breast cryoablation; **AND**
2. Required current experience: Demonstrated current competence and evidence of the performance of an acceptable volume of breast cryoablation procedures in the past twelve (12) months or completion of training in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Breast Cryoablation

Requested

UNMH GENERAL SURGERY PRIVILEGES

NAME: _____ EFFECTIVE DATES: FROM _____ TO _____

QUALIFICATIONS FOR COLONOSCOPY WITH POLYPECTOMY

Criteria: To be eligible to apply for colonoscopy with polypectomy, the applicant must meet the following criteria:

1. Successful completion of an accredited residency training program in general surgery that included training in lower endoscopy procedures with acceptable volume of procedures performed during training, or equivalent training and/or experience obtained outside a formal program that is at least equal to that obtained within the formal residency program; **AND**
2. Required current experience: Demonstrated current competence and evidence of the performance of an acceptable volume of colonoscopy procedures in the past twelve (12) months or completion of training in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: COLONOSCOPY WITH POLYPECTOMY

Requested

QUALIFICATIONS FOR ESOPHAGOGASTRODUODENOSCOPY (EGD) WITH AND WITHOUT BIOPSY

Criteria: To be eligible to apply for EGD with and without biopsy, the applicant must meet the following criteria:

1. Successful completion of an accredited residency training program in general surgery that included training in upper endoscopy procedures with acceptable volume of procedures performed during training, or equivalent training and/or experience obtained outside a formal program that is at least equal to that obtained within the formal residency program; **AND**
2. Required current experience: Demonstrated current competence and evidence of the performance of an acceptable volume of EGD procedures in the past twelve (12) months or completion of training in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: EGD WITH AND WITHOUT BIOPSY

Requested

UNMH GENERAL SURGERY PRIVILEGES

NAME: _____ EFFECTIVE DATES: FROM _____ TO _____

QUALIFICATIONS FOR ENDOVENOUS LASER THERAPY (EVLT)

Criteria: To be eligible to apply for EVLT biopsy, the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA accredited residency or fellowship training program, a hands-on CME course that included supervised training in the diagnosis and treatment of varicose veins, training in interpreting ultrasound examinations of the legs, and the performance/interpretation of an acceptable volume of EVLT procedures; applicants must demonstrate training and experience with the specific energy source to be used; **AND**
2. Required current experience: Demonstrated current competence and evidence of the performance of an acceptable volume of EVLT procedures in the past twelve (12) months or completion of training in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: ENDOVENOUS LASER THERAPY

Requested

QUALIFICATIONS FOR LAPAROSCOPIC NISSEN FUNDOPLICATION (ANTIREFLUX SURGERY)

Criteria: To be eligible to apply for laparoscopic Nissen fundoplication (antireflux surgery), the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA accredited residency program in general surgery that included advanced laparoscopic training or completion of a hands-on CME course in laparoscopic Nissen fundoplication that included preceptorship by a surgeon experienced in the procedure; **AND**
2. Required current experience: Demonstrated current competence and evidence of the performance of an acceptable volume of the requested procedure in the past twelve (12) months or completion of training in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: LAPAROSCOPIC NISSEN FUNDOPLICATION (ANTIREFLUX SURGERY)

Requested

UNMH GENERAL SURGERY PRIVILEGES

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QUALIFICATIONS FOR SENTINEL LYMPH NODE BIOPSY

Criteria: To be eligible to apply for sentinel lymph node biopsy, the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA accredited residency program in general surgery that included training in sentinel lymph node biopsy or successful completion of hands-on CME and proficiency in the standard diagnosis and surgical management of breast cancer; **AND**
2. Required current experience: Demonstrated current competence and evidence of the performance of an acceptable volume of the requested procedure in the past twelve (12) months or completion of training in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NOTE: It is recommended that if the physician performing does not have direct training or experience in both nuclear medicine and pathology, then the physician must have access to individuals who have expertise in those areas.

NON-CORE PRIVILEGES: SENTINEL LYMPH NODE BIOPSY

Requested

QUALIFICATIONS FOR STEREOTACTIC BREAST BIOPSY

Criteria: To be eligible to apply for stereotactic breast biopsy, the applicant must meet the following criteria:

1. Successful completion of training in the stereotactic and ultrasound-guided technique of breast biopsy during residency or in an accredited course or institution, and possession of privileges for breast imaging interpretation; **AND**
2. Required current experience: Demonstrated current competence and successful completion of at least fifteen (15) hours of Category I CME in stereotactic breast biopsy, or performance of an acceptable volume of stereotactic breast biopsies in the past three (3) years; successful evaluation of an acceptable volume of mammograms per year in the past two years in consultation with a physician who is qualified to interpret mammography under the Mammography Quality Standards Act (MQSA); successful completion of at least four (4) hours of Category I CME in medical radiation physics; performance of either an acceptable volume of stereotactic breast biopsies or an acceptable number of hands-on procedures with a physician who is qualified to interpret mammography under the MQSA and has performed at least 24 procedures.

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Reappointment Requirements: Demonstrated current competence and evidence of the performance of an acceptable volume of stereotactic breast biopsies in the past 24 months and continued evaluation of an acceptable volume of mammograms every two years in consultation with a physician who is qualified to interpret mammograms under MQSA. In addition, at least three hours of category I CME in stereotactic breast biopsy every three years is required or requalification of those requirements specified under the criteria and required current experience for new applicants.

NON-CORE PRIVILEGES: STEREOTACTIC BREAST BIOPSY

Requested

QUALIFICATIONS FOR USE OF LASER

Criteria: To be eligible to apply for use of laser, the applicant must meet the following criteria:

1. Successful completion of an approved residency program in a specialty or subspecialty which included training in laser principles, or completion of an approved eight (8) to ten (10) hour minimum CME course which included training in laser principles; **AND**
2. Applicant should spend time after the basic training course in a clinical setting with an experienced operator who has been granted laser privileges and is acting as a preceptor; practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience; the applicant must supply a certificate documenting they have attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course; **AND**
3. Required current experience: Demonstrated current competence and evidence of the performance of an acceptable volume of the requested procedure in the past twelve (12) months or completion of training in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: USE OF LASER

Requested

UNMH GENERAL SURGERY PRIVILEGES

NAME: _____ EFFECTIVE DATES: FROM _____ TO _____

QUALIFICATIONS FOR USE OF A ROBOTIC-ASSISTED SYSTEM FOR SURGICAL PROCEDURES

Criteria: To be eligible to apply for use of a robotic-assisted system for surgical procedures, the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA postgraduate training program that included training in minimal access (laparoscopic) procedures and therapeutic robotic devices and their use; **OR**
2. Completion of approved structured training program that included didactic education on the specific technology, animal laboratory training, and the specialty-specific approach to organ systems; **AND**
3. Must hold open/laparoscopic privileges to perform the procedures being requested for use with the robotic system; **AND**
4. Required current experience: Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results, or completion of training program within the last twelve (12) months; first three (3) cases must be proctored in the operating room by a physician holding robotic privileges at UNMH for applicants meeting criteria #1 (above) or applicants with verified current competency after #2; first ten (10) cases must be proctored in the operating room by a physician holding robotic privileges at UNMH for applicants meeting criteria #2 and without verified current competency; additional proctoring may be required as deemed appropriate by the proctor.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: USE OF A ROBOTIC-ASSISTED SYSTEM FOR SURGICAL PROCEDURES

1. Colon cancer
2. Esophageal tumors
3. Gastric cancer
4. Retromediastinal tumors
5. Thymoma

Requested

UNMH GENERAL SURGERY PRIVILEGES

NAME: _____ EFFECTIVE DATES: FROM _____ TO _____

NON-CORE PRIVILEGES: USE OF A ROBOTIC-ASSISTED SYSTEM FOR GASTROINTESTINAL SURGICAL PROCEDURES

1. Adrenalectomy
2. Antireflux operations
3. Cholecystectomy
4. Esophagectomy
5. Gastric banding colectomy
6. Gastric bypass
7. Gastrojejunostomy
8. Heller's myotomy
9. Pancreatic resection
10. Splenectomy

Requested

QUALIFICATIONS FOR RESUSCITATIVE ENDOVASCULAR BALLOON OCCLUSION OF THE AORTA (REBOA)

Criteria: To be eligible to apply for resuscitative endovascular balloon occlusion of the aorta (REBOA), the applicant must meet the following criteria:

1. Hold clinical privileges in vascular surgery core; **OR**
2. Hold clinical privileges in general surgery core with relevant trauma surgical practice; **AND**
3. Completion of the following items within the preceding twelve-month period:
 - a. Performance of five (5) bedside sonographic imaging studies demonstrating vascular arterial anatomy: common femoral-superficial artery-profunda femoris artery bifurcation;
 - b. Performance of five (5) successful common femoral artery groin arterial access procedures involving use of either micro-puncture kits or 4-Fr sheath placement (with post procedure CT or angiographic confirmation of successful access puncture and location);
 - c. Participation in three (3) endovascular procedures involving initial vascular access with sheath placement (either in room F or interventional radiology embolization); participation involves obtained initial vascular arterial access with a micro-puncture kit, advancement of initial guidewire, placement of an initial sheath, and advancement of a diagnostic catheter for initial aortography;
 - d. Attendance of a 1:1 teaching session on emergent endovascular access principles and REBOA deployment technique by a member of the vascular surgery faculty;

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- e. Performance of two (2) endovascular balloon inflations during elective vascular procedures (at least one of which is aortic balloon inflation); an example of this would be participating in the aortic balloon inflation portion of an EVAR procedure;
- f. Successful completion of a post-training REBOA mini exam with 80% of questions answered correctly; this exam will be created by the vascular surgery faculty and be administered after completion of steps (a) through (e) above;
- g. Agreement to participate in quarterly REBOA trauma divisional reviews for performance improvement;
- h. Agreement to participate in joint vascular-trauma/critical care review of all deployment-related complications or adverse outcomes.

Required previous experience: Demonstrated current competence according to the criteria listed above.

Reappointment Requirements: Demonstrated current competence, participation in quarterly REBOA trauma division reviews and joint vascular surgery/trauma surgery/critical care review of all deployment-related complications or adverse outcomes and evidence of the performance of an adequate number of specific procedures requested, with acceptable outcomes in the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

Certifying Physician Approval for initial appointment or reappointment (must be privileged in REBOA):

The provider requesting REBOA privileges meets the criteria defined above:

Signature, Certifying Physician

Date Signed

**NON-CORE PRIVILEGES: RESUSCITATIVE ENDOVASCULAR
BALLOON OCCLUSION OF THE AORTA (REBOA)**

Requested

UNMH GENERAL SURGERY PRIVILEGES

NAME: _____ EFFECTIVE DATES: FROM _____ TO _____

QUALIFICATIONS FOR BARIATRIC SURGERY INVOLVING STAPLING OR DIVISION OF THE GASTROINTESTINAL TRACT

Criteria: To be eligible to apply for Bariatric Surgery, the applicant must meet the following criteria:

1. Successful completion of an accredited residency in general surgery including operative experience of bariatric procedures (both open and laparoscopic) with an acceptable volume of procedures with performed during training, **AND/OR**
2. Experience obtained outside a formal program that is equivalent to that obtained within the formal residency program; **AND**
3. Privileges to perform advance laparoscopic surgery; **AND**
4. **Required current experience:** Demonstrated current competence with evidence of the performance of an acceptable volume of Open and Laparoscopic Bariatric surgical procedures in the past twelve (12) months or completion of training in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence with evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluations and outcomes.

NON-CORE PRIVILEGES: BARIATRIC SURGERY INVOLVING STAPLING OR DIVISION OF THE GASTROINTESTINAL TRACT

Requested

QUALIFICATIONS FOR TRANSORAL INCISIONLESS FUNDOPLICATION PROCEDURE (TIF)

Criteria: To be eligible to apply for transoral incisionless fundoplication procedure (TIF) the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA accredited program in gastroenterology and advanced endoscopy fellowship as well as completion of TIF training program and simulation skills lab sponsored by Endogastric solutions; **OR**
2. Successful completion of an ACGME or AOA accredited program in general surgery with non-core privileges in esophagogastroduodenoscopy (EGD); **AND**
3. Applicant should spend time after the basic vendor training course in a clinical setting with an experienced operator who has been granted privileges and is acting as a preceptor for initial 5 cases; **AND**
4. **Required current experience:** Demonstrated current competence and evidence of the performance of an acceptable volume of the requested procedure in the past twelve (12) months or completion of training in the past twelve (12) months.

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Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of transoral incisionless fundoplication procedure (TIF) procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to gastrointestinal endoscopy shall be required.

NON-CORE PRIVILEGES: Transoral Incisionless Fundoplication (TIF) Procedure

Requested

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NAME: _____ **EFFECTIVE DATES: FROM** _____ **TO** _____

Acknowledgement of Practitioner

I have requested only those clinical privileges for which, by education, training, current experience, and demonstrated performance, I am qualified to perform and for which I wish to exercise at UNM Hospitals and clinics. 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 Signed

Clinical Director/Division Chief Recommendation(s)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action and presently requested above.

Name: _____ Signature _____ Date _____

Name: _____ Signature _____ Date _____

Department Chair Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the conditions/modifications noted below
- Do not recommend the clinical privileges noted below

Explanation: _____

Department Chair Signature

Date Signed

Criteria approved by UNMH Board of Trustees on June 28, 2017