



Privileges in Thoracic Service

Name: _____
Please Print

MEDICAL STAFF CATEGORY REQUESTED:

- Active** – Uses Stanford Hospital & Clinics (SHC) as a primary hospital and regularly admits/treats, consults, patients at this facility, or is regularly involved in medical staff functions. (Minimum 11 pt contacts per year)
- Courtesy-Teaching** – Treats SHC patients only when incident to performing clinical teaching responsibilities. Must have teaching appointment with the Stanford School of Medicine
- ONLY** provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit – requires Active or Courtesy Status at LPCH

Please indicate any teaching title you may hold with the Stanford School of Medicine:

- Faculty (MCL or UTL) Clinical Educator Adjunct Clinical Faculty

Teaching Title: _____

REQUESTED	PROCEDURE	INITIAL CRITERIA	RENEWAL CRITERIA	PROCTORING REQUIREMENTS
THORACIC CORE PRIVILEGES				
<input type="checkbox"/>	<p><u>Thoracic Core Privileges:</u></p> <p>Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment to patients presenting with illnesses, injuries, and disorders of the thoracic cavity and related structures, including the chest wall.</p> <p><u>Cross out & INITIAL any privilege/s you are not applying for in this set of Basic Privileges</u></p> <p>Privileges and treatment modalities include:</p> <ul style="list-style-type: none"> • Open lung biopsy • Esophagectomy • Pulmonary lobectomy • Bronchoscopy, esophagoscopy, and associated instrumentation (e.g. stents) • Mediastinoscopy, cervical/scalene lymph node biopsy, other superficial biopsy procedures • Chest wall and pleura procedures • Tracheobronchial tree and lung procedures • Diaphragmatic procedures and diaphragmatic hernias • Gastroesophageal reflux disease • Sympathectomy • Resection, construction, and repair of esophagus • Feeding tube placement • Thoracoscopy for pleural, mediastinal and pulmonary disease (non-lobectomy) • Lung volume reduction surgery, bullectomy • Resection of mediastinal masses • Management of thoracic trauma 	<p>Successful completion of an ACGME or AOA-accredited residency/fellowship in thoracic surgery.</p> <p align="center"><u>AND Either</u></p> <p>Current certification or active participation in the examination process leading to certification in thoracic surgery by the American Board of Thoracic Surgery (ABTS) or the American Osteopathic Board of Surgery</p> <p align="center"><u>OR</u></p> <p>Documentation or attestation of the performance of at least 100 thoracic surgery procedures on inpatients or outpatients as the attending physician (or senior resident), at an accredited facility, during the past two years:</p>	<p>Appropriate number of cases performed per year as based on Category</p> <p>Reappointments be prepared to provide a list of cases performed at facilities other than SHC if requested</p> <p>_____ # of cases in 2 years</p> <p>Minimum 30 cases required</p>	<p>6 observations and 6 chart reviews</p>

SPECIAL THORACIC PRIVILEGES (MUST ALSO MEET THE THORACIC CORE PRIVILEGES ABOVE)				
Requested	PROCEDURE	ADDITIONAL CREDENTIALING CRITERIA (if applicable)	RENEWAL CRITERIA # of Cases performed in past 2 yrs **	PROCTORING REQUIREMENTS
<input type="checkbox"/>	Administration of Moderate Sedation	In accordance with Hospital Sedation Policy and completion of the SHC sedation exam	Sedation exam every 4 years	1 observation 2 chart reviews
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	'Radiology Supervisor and Operator Certificate' or 'Fluoroscopy Supervisor and Operator Permit' required	Maintenance of valid Fluoroscopy or Radiology Certificate	
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics	Must have teaching appointment through the Stanford School of Medicine.		1 observation 2 chart reviews
<input type="checkbox"/>	Admit, treat, perform surgical procedures, or provide follow-up care for inpatients ages 14 years or younger	Must have membership and privileges at Lucile Packard Children's Hospital	_____ # of cases in 2 years Minimum ten (10) cases required	1 observation 2 chart reviews
<input type="checkbox"/>	VATS – Lobectomy	Successfully performed at least five thorascopy or VATS lobe procedures during residency or under the supervision of a qualified surgeon.	_____ # of cases in 2 years Minimum two (2) cases required	1 observations 2 chart reviews
<input type="checkbox"/>	Robotic thoracic surgery	<ul style="list-style-type: none"> • Successful completion of a formal course in computer-enhanced laparoscopic abdominal surgery that included preceptorship by a surgeon experienced with the computer-chanced system. • Successfully done at least 25 computer-enhanced laproscopic abdominal surgery procedures in the past 12 months • Five (5) cases assisted by an approved surgeon • Ten (10) cases proctored by an approved surgeon 	_____ # of cases in 2 years Minimum five (5) cases required	1 observation 2 chart reviews
<input type="checkbox"/>	Laser bronchoscopy and/or esophargoscopy	Completion of at least 5 laser cases during training or 5 cases with approved surgeon subsequent to training – Documentation required	_____ # of cases in 2 years Minimum one (1) case required	1 observation
<input type="checkbox"/>	Laparoscopic esophageal surgery	Completion of 25 laparoscopic procedures during general or thoracic surgery training and completion of 5 laparoscopic esophageal procedures during general or thoracic surgery training – Documentation required	_____ # of cases in 2 years Minimum two (2) cases required	1 observations and 2 chart reviews
<input type="checkbox"/>	Stereotactic Body Radiotherapy Performed in collaboration with Radiation Oncology	<ul style="list-style-type: none"> • Manufacturer's training course • Observe four (4) cases • Proctored for four (4) cases by Stanford Faculty • Letter from co-director of Cyberknife program and/or letter from Radiation Oncology Clinical Chief 	_____ # of cases in 2 years Minimum six (6) cases required	3 observations or 3 chart reviews

**** On a separate sheet of paper, please describe any major, unexpected complications you have encountered for any of the Core Privileges or Additional Privileges you are requesting**

NOTE: PROCTORING IS REQUIRED FOR ALL INITIAL PRIVILEGES REQUESTED UNLESS OTHERWISE NOTED BY SERVICE CHIEF. MUST BE COMPLETED WITHIN 12 MONTHS

ACKNOWLEDGMENT OF PRACTITIONER:

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I understand that 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.

Applicant Signature: _____ Date _____

If sending by email, type your name in the box above.

If sending by mail, please print first and then sign.