

## Privileges in Vascular Surgery 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: \_\_\_\_\_

- Surgical Assisting** – Successful completion of an ACGME accredited residency/fellowship in vascular surgery

REQUESTED	PROCEDURE	INITIAL CRITERIA	RENEWAL CRITERIA	PROCOTRING REQUIREMENTS
<b>CORE PRIVILEGES</b>				
<input type="checkbox"/>	<p><b><u>Privileges included in the Core:</u></b> Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide medical and surgical treatment to patients presenting with vascular diseases and disorders.</p> <p><b><u>Cross out &amp; INITIAL any privilege/s you are not applying for in this set of Basic Privileges</u></b></p> <p>Core privileges include:</p> <ul style="list-style-type: none"> <li>• Diagnosis and treatment of diseases and disorders of the arterial, venous, and lymphatic circulatory systems</li> <li>• Extracranial cerebrovascular procedures</li> <li>• Aortic procedures</li> <li>• Revascularization – upper extremity, lower extremity, renal, visceral artery</li> <li>• Embolectomy/thrombectomy</li> <li>• Arteriovenous fistula or shunt</li> <li>• Amputation of extremity or digit</li> <li>• Endovascular procedures excluding balloon dilation, stenting and stent-grafting.</li> <li>• Angioscopy</li> <li>• Arteriography / Venography</li> <li>• Procedures for varicose veins</li> </ul>	<p>Successful completion of an ACGME accredited residency/fellowship in vascular surgery or foreign equivalent training.</p> <p style="text-align: center;"><b><u>AND</u></b></p> <p>Current certification or active participation in the examination process leading to certification in vascular surgery by the American Board of Vascular Surgery or foreign equivalent training/board.</p> <p style="text-align: center;"><b><u>OR</u></b></p> <p>Documentation or attestation of the management of vascular surgical problems for at least 100 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><b><i>Reappointments: please be prepared to provide a list of cases performed at facilities other than SHC if requested.</i></b></p> <p>_____ # of cases in 2 years</p> <p>Minimum 100 cases required in the past two years</p>	<p>Arterial Reconstruction 2- observations Arterial Repair 3 Chart Reviews</p>

**SPECIAL PRIVILEGES**  
(MUST ALSO MEET THE CRITERIA ABOVE)

REQUESTED	PROCEDURE	ADDITIONAL CREDENTIALING CRITERIA	# of Cases performed in past 2 yrs **	
<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 chart review
<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.		
<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 4 cases required during the past two years	
<input type="checkbox"/>	Endovascular procedures, including balloon dilation, stenting and stent-grafting	Residency in Vascular Surgery which included this training (documentation required) <b>OR</b> ACGME fellowship in Vascular Surgery <b>OR</b> Completed 3 month mini fellowship in Vascular Surgery	_____ # of cases in 2 years  Minimum 5 cases required during the past two years	
<input type="checkbox"/>	Carotid Stenting	Documentation of completion of 40 arteriograms and 25 carotid stent procedures. All must be proctored by Active Medical Staff member who has met above requirements.  Device specific training courses as required by FDA – must provide certification of training.	_____ # of cases in 2 years  Minimum 10 arteriograms required during the past two years  Minimum 5 carotid stents required during the past two years	1 chart review 1 observation

**\*\* 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 and 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.