

Privileges for: Thoracic Surgery

Request

MEC Approval: August 27, 2009

Board Approval: September 14, 2009

DEPARTMENT APPROVAL

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

Department/Section Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

MINIMUM REQUIREMENTS

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in thoracic surgery

Note: Members who first apply for membership after March 2, 2009 must be and remain (with a lapse of no longer than one year) board certified in thoracic surgery, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

I. Core Privileges: Core privileges in thoracic surgery include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

DESCRIPTION OF CORE PRIVILEGES

- \_\_\_\_\_ Admit patients and perform histories and physicals
\_\_\_\_\_ Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Intensive Care, Pulmonology or Emergency Medicine or (b) current ACLS Certification or (c) satisfactory completion of the ASA Moderate Sedation course). [This language has been suggested by Drs. Sullivan and Park from Anesthesia.]
\_\_\_\_\_ Bronchoscopy - Rigid or Flexible
\_\_\_\_\_ Cervical Esophagostomy
\_\_\_\_\_ Cervical Sympathectomy
\_\_\_\_\_ Correction of Deformities of Chest Wall
\_\_\_\_\_ Decortication
\_\_\_\_\_ Drainage Procedures of chest wall and chest cavity
\_\_\_\_\_ Esophagoscopy
\_\_\_\_\_ Excision of Cervical 1st rib for Thoracic Outlet Procedure
\_\_\_\_\_ Exploratory Thoracotomy
\_\_\_\_\_ Dilatation of Esophagus
\_\_\_\_\_ Insertion of Prosthesis of Esophagus
\_\_\_\_\_ Mediastinoscopy
\_\_\_\_\_ Mediastinotomy
\_\_\_\_\_ Plastic Procedures on Lower Esophagus

**Privileges for: Thoracic Surgery**

**Request**

- \_\_\_\_\_ Pulmonary Resections
- \_\_\_\_\_ Repair of Hiatus Hernia Thoracic Approach/Laparoscopic Approach
- \_\_\_\_\_ Resection of Chest Wall
- \_\_\_\_\_ Resection of Esophagus including Replacement with colon or Jejunum
- \_\_\_\_\_ Resection of Diverticula of Esophagus
- \_\_\_\_\_ Resection of Trachea or Bronchus
- \_\_\_\_\_ Scalene Node Biopsy
- \_\_\_\_\_ Thoracic Aneurysm Repair
- \_\_\_\_\_ Thoracoplasty
- \_\_\_\_\_ Tracheostomy
- \_\_\_\_\_ Video Assisted Thoracoscopic Treatment of Pneumothorax
- \_\_\_\_\_ Video assisted Thoracoscopic Pulmonary Resection
- \_\_\_\_\_ Video Assisted Thoracoscopic Sympathectomy
- \_\_\_\_\_ Surgical Treatment of Bullous Diseases of the Lung
- \_\_\_\_\_ Repair of Hiatal Hernia

**II. Additional Privileges:** In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must meet all "Additional Requirements" listed for each privilege below and provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

**DESCRIPTION OF ADDITIONAL PRIVILEGES**

- \_\_\_\_\_ Thoracic Endograft Placement  
**(ADDITIONAL REQUIREMENT: Certified training required)**
- \_\_\_\_\_ Fluoroscopy  
**(ADDITIONAL REQUIREMENT: Radiation safety test or documented training)**
- \_\_\_\_\_ CO2  
**(ADDITIONAL REQUIREMENT: Proof of Competency)**
- \_\_\_\_\_ KTP/YAG  
**(ADDITIONAL REQUIREMENT: Proof of Competency)**

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_