



Atrium Health

IMPORTANT

Dear Applicant

Enclosed you will find the Delineation of Privileges Form specific to your specialty. This form reflects the minimum qualifications as outlined and approved by the Atrium Health Medical Staff.

- Please thoroughly review and select your desired clinical privileges. Check the box corresponding to the privileges that you are requesting. Applicants should only request those privileges where the criteria has been achieved.
- After you have selected your privileges, sign, date, and submit the **required documentation** for each privilege selected. (i.e. case logs, fellowship director letter, ACLS documentation)
- Where case logs are required, please include 1) Date of procedure, 2) Medical Record Number, 3) Procedure Type and 4) Privilege Number listed on the Delineation of Privileges Form.
- Privileges for which you have not selected or do not meet the minimum criteria cannot be performed.
- If you wish to perform privileges and do not have documentation of the minimum criteria requirements as outlined on the Delineation of Privileges Form, you will need to request permission to proctor through Medical Staff Services.
- Failure to return the Delineation of Privileges Form along with the required documentation will **delay** your start date.

If you have any questions or concerns, please contact the Medical Staff Services teammate assigned to your file.

ATRIUM HEALTH
DELINEATION OF PRIVILEGES
SPECIALTY OF ANESTHESIOLOGY

	YES		NO**	I have participated in direct patient care in the hospital setting within the past two (2) years.
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****If the answer is No, please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.**

- Initial appointment Reappointment Updated DOP Request for Clinical Privileges

To be eligible for core privileges in Anesthesiology, the applicant must meet the following qualifications:

- If the applicant is not currently certified in Anesthesiology by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
 1. Provide documentation of successful completion of an ACGME or AOA accredited Anesthesiology residency training program, within the past five (5) years; **AND**
 2. Verification from the residency program director that the Applicant successfully completed the program. The applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

- If the applicant is currently certified by the American Board of Anesthesiology, the applicant must:
 1. Provide documentation of specialty certification in Anesthesiology from the American Board of Anesthesiology or the American Osteopathic Association; **AND**
 2. Documentation of the performance of at least two hundred (200) anesthesiology cases during the past twenty-four (24) months. **OR**
 1. Provide documentation of specialty certification in Anesthesiology from the American Board of Anesthesiology or the American Osteopathic Association; **AND**
 2. Anesthesiologist who are specialty trained in Cardiac Anesthesiology or Liver Transplant Anesthesiology must provide documentation of recent performance in their specialties 100 cases for cardiac anesthesiology and 3 cases for liver transplants in the last twenty-four (24) months.

- Prior to March 13, 2007, I was granted privileges in the Specialty of Anesthesiology at one or more facilities of Atrium Health (As known as Carolinas HealthCare System); therefore, it is not required that I be certified in Anesthesiology.

Print Name _____

NOTE 1: Clinicians must apply for "CORE" privileges in order to be eligible for clinical privileges in the specialty of Anesthesiology at any facility within Atrium Health.

NOTE 2: "CORE" privileges cannot be amended or altered in any way.

NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	ANESTHESIOLOGY CORE PRIVILEGES
			N/A							ANS-1 Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units. Anesthesia Management of patients with mechanical circulatory devices presenting for other surgeries

Note: Privileges include but are not limited to, obtain and record medical/social history and perform physical examinations, airway management, management of sleep apnea, anesthesia for anterior mediastinal mass fiberoptic bronchoscopy, anesthesia for laser surgery of the airway, anesthesia for kidney, liver and pancreas transplants, arterial and central venous cannulation utilizing directional ultrasound as needed, central neuraxial blockade (spinal, epidural, caudal), lumbar punctures for diagnostic and therapeutic purposes, epidural blood patch placement, diagnostic and therapeutic management of acute and chronic pain, general anesthesia, including invasive monitoring; respiratory therapy, including long-term ventilatory support; and airway management, including cricothyroidotomy, intravenous conscious sedation local and regional anesthesia with and without sedation, including topical and infiltration, minor and major nerve blocks utilizing directional ultrasound as needed, intravenous blocks, fascial plane blocks, spinal, epidural and major plexus blocks utilizing directional ultrasound as needed, management of common intraoperative problems, management of common PACU problems, management of acute perioperative pain, management of fluid, electrolyte and metabolic parameters, management of hypovolemia from any cause, management of malignant hyperthermia, manipulation of body temperature, manipulation of cardiovascular parameters, obstetric anesthesia, neuroanesthesia, thoracic and vascular anesthesia, anesthesia for patients with cardiovascular disorders, peripheral nerve block utilizing directional ultrasound as needed, including nerve block catheters, preoperative evaluation/anesthetic, pulmonary artery catheter insertion and management consultation, resuscitation of patients of all ages sedation/monitored anesthetic care, sedation and analgesia, single lung anesthesia. Use of point-of-care ultrasound (POCUS) and TEE for diagnostic and therapeutic purposes.

Print Name _____

***SPECIAL PRIVILEGES (SEE QUALIFICATIONS AND/OR SPECIFIC CRITERIA) – PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

Please make sure you read all required criteria for the privileges listed below and provide all applicable documentation.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	ANESTHESIOLOGY SPECIAL PRIVILEGES Must apply and maintain Anesthesiology Core	Minimum # Required New Requests Only	# Performed 2 years	Location
			N/A	N/A			N/A	N/A	N/A	ANS-1A Advanced Intraoperative Transesophageal Echocardiography (TEE) and Doppler Color Flow Interpretation of Cardiac Function	100		

REFERENCE

Print Name _____

ANS-2 – PEDIATRIC ANESTHESIOLOGY CORE PRIVILEGES

To be eligible for core privileges in Pediatric Anesthesiology, the applicant must meet the following qualifications:

1. Privileges granted prior to 06/09/09; **OR**
1. Have met the training requirements which renders the clinician eligible for certification in Anesthesiology by the American Board of Anesthesiology or the American Osteopathic Association; **AND**
2. Provide documentation of successful completion of an ACGME or AOA accredited Pediatric Residency Program, **OR**
1. Have met the training requirements which renders the clinician eligible for certification in Anesthesiology by the American Board of Anesthesiology or the American Osteopathic Association; **AND**
2. Provide documentation of successful completion of an ACGME or AOA accredited fellowship training program in Pediatric Anesthesiology, Cardiac Anesthesiology, Neuroanesthesia or Critical Care Medicine in which at least two (2) months have been dedicated to the care of the pediatric patient

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	*PEDIATRIC ANESTHESIOLOGY CORE PRIVILEGES	
			N/A	N/A	N/A		N/A	N/A	N/A	ANS-2	Management of pediatric patients (<18 yrs) rendered unconscious or insensible to pain and emotional stress utilizing various pediatric sedation, general or regional anesthesia, place and use of invasive monitors (including arterial, central venous and pulmonary artery catheters), during surgical and certain other medical procedures; including pre-, intra- and postoperative evaluation and treatment, support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures, medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care and supervision of pediatric patients in the neonatal ICU with Well Newborn Nurseries.

Note: The applicant understands the unique physiologic concerns of the preterm and neonatal patient and is experienced in the intraoperative management of these patients undergoing surgical procedures including the repair of tracheoesophageal fistula, diaphragmatic hernia, meningomyelocele, gastroschisis, omphalocele, and other neonatal emergencies. The applicant is capable of the placement and management of radial, axillary and femoral arterial catheters, and femoral, internal jugular, and subclavian central lines in neonates and infants. Placement and management of caudal and epidural anesthesia in infants and children. The use of neonatal and pediatric fiberoptic bronchoscope in the management of the difficult Pediatric airway. The applicant understands the perioperative concerns in children undergoing scoliosis surgery including management of blood products, monitoring spinal cord integrity, and postoperative ventilatory concerns. The applicant is capable of managing postoperative ventilatory care in Pediatric patients, including the unique concerns of ventilation after repair of TE fistula or diaphragmatic hernia and the use of high frequency ventilation. The applicant is experienced in the management of pain in the postoperative pediatric patient, including the use of epidurals and patient-controlled analgesia.

** Coverage by an Anesthesiologist with pediatric anesthesiology privileges will be required for children undergoing surgery for congenital diaphragmatic hernia, tracheoesophageal fistula

or general surgery in neonates with complex congenital anomalies and/or congenital heart defects.

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 Delineation of Privileges Form
 Specialty of Anesthesiology
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Print Name _____

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	PEDIATRIC ANESTHESIOLOGY– SPECIAL PRIVILEGE Must apply and maintain Pediatric Anesthesiology Core Privileges	Minimum # Required New Requests Only	# Performed 2 years	Location
			N/A	N/A	N/A		N/A	N/A	N/A	ANS-2A Placement of Long Term Percutaneous Intravenous Catheters (PIC Lines)	10	10	

REFERENCE

Print Name _____

ANS-3 – PEDIATRIC CARDIAC ANESTHESIOLOGY

The applicant must understand the pathophysiology of congenital heart disease and is experienced in the intraoperative management of patients undergoing surgery for these diseases.

In order to meet requirements for privileges in Pediatric Cardiac Anesthesiology, the applicant must meet all items listed under Pediatric Cardiac Anesthesiology Privileges and have completed the following:

1. Apply for and meet the necessary criteria to be granted privileges for Pediatric Anesthesiology Core Privileges (ANS-2); **AND**
2. Have completed an ACGME or AOA accredited Pediatric residency; training must have included at least two months of primary management of patients with Congenital Heart Disease, **OR**
3. Apply for and meet the necessary criteria to be granted privileges for Pediatric Anesthesiology Core Privileges (ANS-2); **AND**
4. Provide documentation of successful completion of an ACGME or AOA accredited fellowship training program in Pediatric Anesthesiology, Cardiac Anesthesiology, Critical Care, or Vascular and Thoracic Anesthesiology in which at least two (2) months have been dedicated to care of the patient with congenital heart disease

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	*PEDIATRIC CARDIAC ANESTHESIOLOGY Must apply and maintain Pediatric Anesthesiology Core Privileges	Minimum # Required New Requests Only	# Performed 2 years	Location
			N/A	N/A	N/A		N/A	N/A	N/A	ANS-3 Pediatric Cardiac Anesthesiology	40		

Note: Pediatric Cardiac Anesthesiology will be required for the management of any case in a patient under the age of twelve (12) years in which cardiopulmonary bypass is used or could potentially be used in an emergency situation. Pediatric Cardiac Anesthesiologists will be required in neonates undergoing palliative repairs of congenital cardiac disease, including PA banding, BT shunts and repair of coarctation of aorta in neonates. Privileges include, but are not limited to, the placement and management of radial, axillary and femoral arterial catheters and femoral, internal jugular and subclavian central lines in neonates and infants, hemodynamic management of patients with Congenital Heart Disease including the use of vasoactive drugs to manipulate the systemic and pulmonary circulation and inotropic support of the heart, management of cardiopulmonary bypass for the neonate and infants, the use of deep hypothermia and circulatory arrest, anticoagulation for cardiopulmonary bypass and the management of reversal of anticoagulation and coagulation disorders associate with cardiopulmonary bypass in neonates and infants. Placement of TEE and monitoring for pediatric cardiac surgery cases

**Pediatric Cardiac Anesthesiology coverage will be available twenty-four (24) hours per day, seven (7) days per week.

Print Name _____

ANS-5 – BASIC ADULT CARDIAC ANESTHESIOLOGY PRIVILEGES

1. To be eligible for privileges in Basic Adult Cardiac Anesthesiology Privileges, the applicant must apply for and meet the qualifications of Basic Intraoperative Transeophageal Echocardiography (TEE) and Doppler Color Flow Interpretation of Cardiac Function (ANS-5A) and Advanced Intraoperative Transesophageal Echocardiography (TEE) and Doppler Color Flow Interpretation of Cardiac Function (ANS-5B); **AND**
1. Privileges granted prior to 06/09/09; **OR**
2. Apply for and meet the necessary criteria to be granted privileges for General Anesthesiology Core Privileges (ANS-1); **AND**
3. Completed an additional Fellowship year of training in Cardiac Anesthesiology, Critical Care, or Vascular and Thoracic Anesthesiology, **OR**
1. To be eligible for privileges in Basic Adult Cardiac Anesthesiology Privileges, the applicant must apply for and meet the qualifications of Basic Intraoperative Transeophageal Echocardiography (TEE) and Doppler Color Flow Interpretation of Cardiac Function (ANS-5A) and Advanced Intraoperative Transesophageal Echocardiography (TEE) and Doppler Color Flow Interpretation of Cardiac Function (ANS-5B); **AND**
1. Apply for and meet the necessary criteria to be granted privileges for General Anesthesiology Core Privileges (ANS-1); **AND**
2. Completed six (6) full months of Cardiac anesthesiology in the final year of Anesthesiology residency, **OR**
3. The applicant can demonstrate that they have managed two hundred (200) patients for Cardiac Surgery in the previous three (3) years.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	*CARDIAC ANESTHESIOLOGY		Minimum # Required New Requests Only	# Performed 2 years	Location
			N/A	N/A	N/A		N/A	N/A	N/A	ANS-5	Basic Adult Cardiac Anesthesiology	100		

Note: Management of any case in which cardiopulmonary bypass is used or could potentially be used in an emergency situation. Privileges include, but are not limited to, the placement and management of arterial catheters, central lines, pulmonary catheters- regardless of route of access, management of temporary pacing devices, hemodynamic management including the use of vasoactive drugs to support the circulation, management of the use of deep hypothermia and circulatory arrest, intraortic balloon pump, extracorporeal membrane oxygenator, patients undergoing Off Pump Coronary Artery Surgery, anticoagulation for cardiopulmonary bypass and the management of reversal of anticoagulation and the management of coagulation disorders associate with cardiopulmonary bypass.

- Anesthesia for Thoracic Surgery. The applicant is capable of placing and managing a double lumen endotracheal tube and/or endobronchial blocker including the use of Fiberoptic Bronchoscopy in positioning. The applicant is experienced in the placement and management of thoracic epidural and/or paravertebral catheters for post operative pain management.
- Anesthesia for Major Vascular Surgery. The applicant understand the physiologic concerns of carotid and aortic surgery and is able to manage cerebral perfusion during carotid surgery and the effects of aortic clamping and unclamping in aortic surgery including placement of lumbar drain catheters
- Anesthesia for Cardiac Transplantation. The applicant understands the physiologic concerns of patients undergoing cardiac transplantation and is experienced in the care of patients for cardiac transplantation.

- Management of patients undergoing placement of temporary or permanent left and right ventricular support devices, heart transplants. Management of patients with mechanical circulatory devices presenting for other surgeries

****Cardiac Anesthesiology coverage will be available twenty-four (24) hours per day, seven (7) days per week.**

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 Specialty of Anesthesiology
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Print Name _____

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	*CARDIAC ANESTHESIOLOGY-SPECIAL PROCEDURES	Minimum # Required New Requests Only	# Performed 2 year	Location
			N/A	N/A			N/A	N/A	N/A	ANS-5A* Transesophageal Echocardiography (TEE) and Doppler Color Flow Interpretation	10		
			N/A	N/A			N/A	N/A	N/A	ANS-5B* Advanced Intraoperative Transesophageal Echocardiography (TEE) and Doppler Color Flow Interpretation of Cardiac Function	100		

Print Name _____

To be eligible for core privileges in Anesthesiology Critical Care Medicine Core Privileges, the applicant must meet the following qualifications:

- If the applicant is not currently subspecialty certified in Anesthesiology Critical Care Medicine by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) the applicant must:
 1. Provide documentation of certification in Anesthesiology; **AND**
 2. Provide documentation of successful completion of a one (1) year ACGME or AOA accredited Anesthesiology Critical Care Medicine Fellowship training program, within the past five (5) years; **AND**
 3. Verification from the fellowship program director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts. **OR**

- If the applicant is currently subspecialty certified in Anesthesiology Critical Care Medicine by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
 1. Provide documentation of certification from the American Board of Anesthesiology or the American Osteopathic Association in Anesthesiology; **AND**
 2. Submit documentation of inpatient critical care or consultative services for at least sixty (60) patients during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	ANESTHESIOLOGY CRITICAL CARE MEDICINE CORE PRIVILEGES	
			N/A							CANS-9	Privileges to evaluate, diagnose, and provide treatment to critically ill patients of all ages (inclusive of neurological or postneurosurgical, postsurgical, postcardiac/thoracic surgical care) in the ICU with multiple organ dysfunction and in need of critical care for life threatening disorders.

NOTE: Privileges include but not limited to airway maintenance, elective intubation with ***moderate sedation (including direct laryngoscopy and fiberoptic laryngoscopy); chest tube insertion; bronchoscopy; transvenous pacemaker insertion; cardioversion; hemodialysis catheter insertion; ultrafiltration; thoracentesis; pericardiocentesis; percutaneous tracheostomy; transesophageal and echocardiography; (FAST) Confirmation of traumatic free intraperitoneal and intrathoracic fluid by Focused Assessment with Sonography for Trauma (FAST) exam; Basic Resuscitation Cardiac Ultrasound (Pericardial Effusion and Cardiac Activity) and Advanced Emergency Cardiac Ultrasound (Right Ventricle Dilatation and Global Left Ventricle Function); and Emergency Ultrasound (Soft-Tissue Infection and Musculoskeletal). ***Anesthesiology Critical Care clinicians' function in accordance with the Moderate and Deep Sedation in Adult and Pediatric Patients for Critical Care Policy. Provide basic care and management of patients with implantation of artificial heart and mechanical devices to support or replace the heart partially or totally.

Print Name _____

Reappointment Criteria for Continued Anesthesiology Critical Care Medicine Core (CANS-9) Privileges:

The Clinician must submit a minimum of fifty (50) inpatient and/or consultative services over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Clinicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE		CORE ANESTHESIOLOGY PRIVILEGES – REHABILITATION HOSPITAL SETTING <u>ONLY</u>
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	CANS-10	Privileges include evaluation and management, as well as procedures approved for performance within the acute rehabilitation setting, in conjunction with the comprehensive rehabilitation treatment plan.

REFERENCE

Print Name

PRIVILEGES REQUESTED BY:

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 Atrium Health and;

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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

Name

Date

Signature
=====

Print Name

ANS-1A – ADVANCED INTRAOPERATIVE TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) AND DOPPLER COLOR FLOW INTERPRETATION OF CARDIAC FUNCTION

Individuals credentialed at this level will have skills and experience that will enable them to fully utilize the full diagnostic potential of TEE. They will be capable of utilizing the full range of TEE functions and tools including assessment of valvular integrity, flow velocity data, and quantification of cardiac function.

Applicants must:

1. Privileges granted prior to 06/09/09; **OR**
1. Apply for and meet the necessary criteria to be granted privileges for General Anesthesiology Core Privileges (ANS-1); **AND**
2. Have at least three months of TEE training as part of a Cardiac Anesthesia Fellowship Program; **OR**
2. Performance of at least one hundred (100) TEE exams; **AND**
3. Passage of the qualifying exam by the American Society of Echocardiography.

REAPPOINTMENT FOR MAINTENANCE OF PRIVILEGES:

The clinician must provide documentation of ten (10) cases over a twenty-four (24) month period to be eligible to reapply for Advanced TEE privileges. This will be reviewed at the time of the clinician's reappointment. Clinicians who would like to continue to hold Advanced TEE privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for the privilege and submit a Request to Be Proctored Form.

ANS-5A – TRANSESOPHAGEL ECHOCARDIOGRAPHY (TEE) AND DOPPLER COLOR FLOW INTERPRETATION PRIVILEGES

Basic Intraoperative Transeophageal Echocardiography (TEE) and Doppler Color Flow Interpretation of Cardiac Function. Placement of the TEE probe and ability to obtain the views required for a standard exam. At this level the Cardiac Anesthesiologist will be capable of using TEE as a monitoring tool and be able to make general assessments of ventricular function. An individual credentialed at this level would call in consultative support for more detailed assessment of cardiac structure such as assessment of valvular regurgitation, quantification of cardiac function, or diagnostic decisions affecting surgical therapy.

Credentialing at the Basic level will require:

1. Privileges granted prior to 06/09/09; **OR**
 1. Apply for and meet the necessary criteria to be granted privileges for Basic Adult Cardiac Anesthesiology (ANS-5); **AND**
 2. Provide documentation of at least twenty (10) Basic Intraoperative Transesophageal Echocardiography (TEE) and Doppler Color Flow Interpretation exams within the past twenty-four (24) months.
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Print Name

ANS-5B – ADVANCED INTRAOPERATIVE TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) AND DOPPLER COLOR FLOW INTERPRETATION OF CARDIAC FUNCTION

Individuals credentialed at this level will have skills and experience that will enable them to fully utilize the full diagnostic potential of TEE. They will be capable of utilizing the full range of TEE functions and tools including assessment of valvular integrity, flow velocity data, and quantification of cardiac function.

Applicants must:

1. Privileges granted prior to 06/09/09; **OR**
1. Apply for and meet the necessary criteria to be granted privileges for Basic Adult Cardiac Anesthesiology (ANS-5); **AND**
2. Have at least three months of TEE training as part of a Cardiac Anesthesia Fellowship Program; **OR**
2. Performance of at least one hundred (100) TEE exams; **AND**
3. Passage of the qualifying exam by the American Society of Echocardiography.

Individuals credentialed at this level will have skills and experience that will enable them to fully utilize the full diagnostic potential of TEE. They will be capable of utilizing the full range of TEE functions and tools including assessment of valvular integrity, flow velocity data, and quantification of cardiac function.

REAPPOINTMENT FOR MAINTENANCE OF PRIVILEGES:

The clinician must provide documentation of ten (10) cases over a twenty-four (24) month period to be eligible to reapply for Advanced TEE privileges. This will be reviewed at the time of the clinician's reappointment. Clinicians who would like to continue to hold Advanced TEE privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for the privilege and submit a Request to Be Proctored Form
