



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 THORACIC AND CARDIOVASCULAR SURGERY

\_\_\_\_\_  
Print Name

<input type="checkbox"/>	YES	<input type="checkbox"/>	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 Thoracic Surgery (CTCV-1) and/or Cardiovascular Surgery (CTCV-2), the applicant must meet the following qualifications:

- If the applicant is not currently certified in Thoracic and Cardiovascular Surgery by the American Board of Thoracic Surgery (ABTS) or the American Osteopathic Association (AOA) in Thoracic and Cardiovascular Surgery, the applicant must:
  1. Provide documentation of successful completion of an ACGME or AOA accredited Thoracic Surgery residency training program within the past five (5) years; **AND**
  2. Verification from the residency program director that the Applicant successfully completed the program and successfully completed of a minimum of eighty (80) operations performed in the past two (2) years, to include within the Core privileges requested.
- If the applicant is currently certified in Thoracic and Cardiovascular Surgery by the American Board of Thoracic Surgery (ABTS) or the American Osteopathic Association (AOA) in Thoracic and Cardiovascular Surgery, the applicant must:
  1. Provide documentation of certification from the American Board of Thoracic Surgery (ABTS) or the American Osteopathic Association (AOA) in Thoracic and Cardiovascular Surgery to correspond to the Core privileges requested; **AND**
  2. Provide documentation of the successful completion of a minimum of eighty (80) operations performed in the past two (2) years, to include within the Core privileges requested.

To be eligible for core privileges in Congenital Cardiothoracic (CTCV-3), the applicant must meet the following qualifications:

- If the applicant is not currently certified in Congenital Cardiac Surgery by the American Board of Thoracic Surgery (ABTS) in Congenital Cardiac Surgery, the applicant must:
  1. Provide documentation of successful completion of an ACGME or AOA accredited Congenital Cardiac Surgery residency or fellowship training program

within the past five (5) years; **AND**

2. Verification from the residency or fellowship program director that the Applicant successfully completed the program and successfully completed of a minimum of fifty (50) congenital operations performed in the past two (2) years, to include within the Core privileges requested.
- If the applicant is currently certified in Congenital Cardiac Surgery by the American Board of Thoracic Surgery (ABTS) in Congenital Cardiac Surgery, the applicant must:
1. Provide documentation of certification from the American Board of Thoracic Surgery (ABTS) or the American Osteopathic Association (AOA) in Thoracic and Cardiovascular Surgery to correspond to the Core privileges requested; **AND**
  2. Provide documentation of the successful completion of a minimum of fifty (50) congenital operations performed in the past two (2) years, to include within the Core privileges requested.

REFERENCE ONLY

Print Name \_\_\_\_\_

NOTE 1: Physicians must apply for "CORE" privileges in order to be eligible for clinical privileges in the specialty of Thoracic and Cardiovascular Surgery 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.

Please check appropriate blocks when applying for privileges:

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE		THORACIC CORE PRIVILEGES
		N/A	N/A	N/A		N/A	N/A	N/A	N/A	CTCV-1	Privileges to evaluate, consult, diagnose, provide pre-operative, post-operative surgical care and perform thoracic surgical procedures to patients of all ages except where specifically excluded from practice.

Please note that Thoracic Core privileges include: Bronchoscopy, fiberoptic with biopsy; Bronchoscopy, rigid with biopsy; Correction of diaphragmatic hernias, both congenital or acquired, and anti-reflux procedures; Decortication or pleurectomy procedures; diagnostic procedures to include cervical and mediastinal exploration, parasternal exploration and mediastinoscopy; Esophagoscopy and dilatation for benign or malignant disease; Implantation of cardioverter defibrillator; Inspection or replacement of transvenous or transthoracic cardiac pacemaker; Management of chest and neck trauma; Operations for achalasia and for promotion of esophageal drainage; Operations upon the esophagus to include surgery for diverticulum, as well as perforation; Pericardiocentesis, pericardial drainage procedures, pericardiectomy; Procedures upon the chest wall, lungs including wedge resections, segmental resections, lobectomy and pneumonectomy for benign or malignant disease; Resection of the esophagus for benign or malignant disease; Surgery on mediastinum for removal of benign or malignant tumors; Suture of heart wound or injury; Thoracentesis; Thoracoscopy; Thoracotomy for trauma, hemorrhage, rib biopsy, drainage of empyema or removal of foreign body; Tracheostomy; Transhiatal esophagectomy; Tube thoracostomy; use of adjunct energy sources such as lasers and cryosurgery.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE		SPECIAL PRIVILEGES	Minimum Number Required	Number Performed Within The Past 2 Years	Location
											Must apply for and meet Core Privileges			
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CTCV-1a	Robotic Bronchoscopy	5		

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		<b>CORE THORACIC AND CARDIOVASUCLAR PRIVILEGES – REHABILITATION HOSPITAL SETTING ONLY</b>
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	CTCV-6	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 ONLY

Print Name \_\_\_\_\_

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		<b>CARDIOVASCULAR CORE PRIVILEGES</b>
		N/A	N/A	N/A		N/A	N/A	N/A	N/A	CTCV-2	Privileges to evaluate, consult, diagnose, provide pre-operative, post-operative surgical care and perform cardiovascular surgical procedures to patients of all ages except where specifically excluded from practice to correct or treat various conditions of the heart and related blood vessels.

Please note that Cardiovascular Core privileges include: Ablative surgery for ventricular arrhythmia; Ablative surgery for Wolff-Parkinson-White syndrome; All procedures upon the heart for the management of acquired cardiac disease, including surgery upon the pericardium, coronary arteries, the valves, and other internal structures of the heart and for acquired septal defects and ventricular aneurisms; Insertion and removal of intra-aortic balloon pump; Management of congenital septal and valvular defects; Management of patient on intra-aortic balloon pump; Minimally invasive port access operations, such as minimally invasive direct coronary artery bypass (MIDCAB), off pump coronary artery bypass (OPCAB); Palliative vascular procedures (not requiring cardiopulmonary bypass) for congenital cardiac disease; Surgery of patent ductus arteriosus and coarctation of the aorta; Surgery of the aortic arch and branches; Descending thoracic aorta for aneurysm/trauma; Surgery of the thoracoabdominal aorta for aneurysm; Vascular access procedures for the use of life support systems, such as extra corporeal oxygenation and cardiac support; use of adjunct energy sources such as lasers and cryosurgery.

**\* SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	<b>CARDIOVASCULAR-SPECIAL PRIVILEGE</b>	Minimum Number Required	Number Performed Within The Past 2 Years	Location
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Must apply for and maintain Cardiovascular Core Privileges (CTCV-2)			
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CTCV-2(a)* Implantation of artificial heart and mechanical devices to support or replace the heart partially or totally	10		
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CTCV-2(b)* Trans-Catheter Aortic Valve Replacement (TAVR)	See criteria		
		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CTCV-2(c)* Transmyocardial Laser Revascularization of the Heart	3		
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CTCV-2(d)* Thoracic Organ Transplantation	10		

Print Name \_\_\_\_\_

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		<b>CONGENITAL CARDIOTHORACIC CORE PRIVILEGES</b>
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CTCV-3	Privileges to evaluate, diagnose, consult, and provide preoperative, intraoperative, and postoperative surgical care to patients under the age of 18 with structural abnormalities involving the heart and major blood vessels. Includes correction or treatment of various conditions of the heart and related blood vessels within the chest, including surgical care of coronary artery disease, abnormalities of the great vessels and heart valves (including infections, trauma, tumors, and metabolic disorders), and congenital anomalies of the heart. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

Please note that Congenital Core privileges include: Ablative surgery (radiofrequency energy, microwave, cryoablation, laser, and high-intensity focused ultrasound, and maze); All procedures upon the heart for the management of acquired/congenital cardiac disease, including surgery upon the pericardium, coronary arteries, valves, and other internal structures of the heart for acquired septal defects and ventricular aneurysms; Correction or repair of all anomalies or injuries of great vessels and branches thereof, including the aorta, pulmonary artery, pulmonary veins, and vena cava; Endarterectomy of pulmonary artery; Endomyocardial biopsy; Implantation of ventricular assist devices; Insertion and removal of intra-aortic balloon pumps; Management of congenital septal and valvular defects; Management of patients on intra-aortic balloon pumps; Minimally invasive direct coronary artery bypass; Off-pump coronary artery bypass; Operations for myocardial revascularization; Pacemaker and/or automatic implantable cardioverter defibrillators (AICD) implantation and management (transvenous and transthoracic); Palliative vascular procedures (not requiring cardiopulmonary bypass) for congenital cardiac disease; Percutaneous or open caval interruption; Pulmonary embolectomy; Surgery of patent ductus arteriosus and coarctation of the aorta; Surgery of the aortic arch and branches and descending thoracic aorta for aneurysm/trauma; Surgery of tumors of the heart and pericardium; Surgery of the thoracoabdominal aorta for aneurysm; Vascular access procedures for the use of life support systems, such as extra corporeal oxygenation and cardiac support; Vascular operations exclusive of thorax; use of adjunct energy sources such as lasers and cryosurgery.

REFUSED

Print Name \_\_\_\_\_

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE		<b>SPECIAL PRIVILEGES</b> Must apply for and meet Core Privileges	Minimum Number Required	Number Performed Within The Past 2 Years	Location
		N/A	N/A	N/A		N/A	N/A	N/A	N/A	CTCV-4	Peripheral Vascular Surgery  Privileges to admit evaluate, diagnose, consult, and provide pre-operative, intra-operative and post-operative surgical care to patients of all ages to correct or treat diseases and disorders of the arterial, venous, and lymphatic circulatory systems, excluding those of the heart, thoracic aorta, and intracranial vessels.	10		
											Peripheral Endovascular Privileges, including Insertion of Aortic Endograft, may be applied for on the Peripheral Endovascular Delineation of Privileges Form.			
		N/A	N/A	N/A		N/A	N/A	N/A	N/A	CTCV-5	da Vinci Surgical Robot	See criteria		

REFERENCED

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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REFERENCE ONLY

**CTCV-1(a)      ROBOTIC BRONCHOSCOPY**

**DEFINITION:** Robotic Bronchoscopy procedures are those operations performed inside the chest using a bronchoscope for visualization and illumination with the concomitant use of CT based navigational guidance that provides minimally invasive access to lesions deep in the lungs as well as mediastinal lymph nodes. Indications include evaluation of mediastinal adenopathy or masses, preoperative staging of patients with bronchogenic carcinoma in whom metastases is suspected. Therapeutic uses of robotic bronchoscopy are fiducial marker placement to guide stereotactic radiosurgery guidance. It can also be used to mark a peripheral lung nodule for surgical wedge resection.

**SPECIFIC SKILLS AND TRAINING REQUIRED:** Physicians should be skilled in the techniques of fiberoptic bronchoscopy and associated techniques for obtaining tissue sampling

1. Provide documentation of the successful completion of a fellowship program within the past two (2) years and have written documentation from the Program Director demonstrating competency in Robotic Bronchoscopy, **OR**
1. Provide documentation of attendance of an educational course on the Use of Robotic Bronchoscopy **AND** Provide a minimum number of five (5) cases performed within the past two (2) years **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Robotic Bronchoscopy. You must provide documentation of proctoring for five (5) procedures.

**Maintenance Criteria for Continued Privileges:**

The Physician must submit at least five (5) cases performed 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. Physicians 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.

**CTCV-2(a)      IMPLANTATION OF ARTIFICIAL HEART AND MECHANICAL DEVICES TO SUPPORT OR REPLACE THE HEART PARTIALLY OR TOTALLY (VAD)**

**DEFINITION:** A ventricular assist device (VAD) is a mechanical pump that's used to support heart function and blood flow in people who have weakened hearts. The device takes blood from a lower chamber of the heart and helps pump it to the body and vital organ.

**SPECIFIC SKILLS AND TRAINING REQUIRED:**

1. Provide documentation of the successful completion of a residency or fellowship program in Thoracic and Cardiovascular Surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in VAD; **OR**
1. Provide a minimum number of five (5) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform VAD. You must provide documentation of proctoring for ten (10) procedures.

**Maintenance Criteria for Continued Privileges:**

The Physician must perform a minimum of five (5) procedures 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. Physicians 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.

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REFERENCE ONLY

**CTCV-2(b) TRANS-CATHETER AORTIC VALVE REPLACEMENT (TAVR)**

Transcatheter valve replacement is similar from an operator viewpoint to the currently performed balloon aortic valvuloplasty. In that procedure, a balloon is delivered via a transarterial approach and used to dilate the stenotic aortic valve. With TAVR, similar techniques are used to deliver and implant the stent-based prosthetic valve in the site of the native aortic valve. The cognitive base and catheter skills of interventional cardiology are therefore required. However, the procedure differs from balloon aortic valvuloplasty in several important respects. These include the following:

1. TAVR is often performed via a femoral artery cut down, a procedure necessarily performed by a cardiovascular surgeon.
2. Given the significant incidence of emergent life-threatening complications such as valve embolization (unique to TAVR) and/or aortic rupture, a credentialed cardiovascular surgeon is required member of the implant team. These complications, if they occur may require immediate surgical intervention. Thus a credentialed cardiovascular surgeon, who holds the TAVR privilege, must be scrubbed in at the table ready for emergency surgical intervention during the critical portions of the procedure.

**SKILLS AND TRAINING:** Transcatheter valve replacement is similar from an operator viewpoint to the currently performed balloon aortic valvuloplasty. In that procedure, a balloon is delivered via a transarterial approach and used to dilate the stenotic aortic valve. With TAVR, similar techniques are used to deliver and implant the stent-based prosthetic valve in the site of the native aortic valve. The cognitive base and catheter skills of interventional cardiology are therefore required.

Additional training specific to the valve and delivery system is required. Because the sole device available for the procedure in the United States was only approved by the FDA on November 2, 2011, few physicians in this country have substantial experience with the device. Industry-sponsored training courses are therefore available and mandated as a path to initial U.S. use of this technology.

**SPECIFIC SKILLS AND TRAINING REQUIRED FOR NO PRIOR EXPERIENCE/TRAINING IN TAVR DEVICE USE:**

1. Provide documentation of successful completion of an industry sponsored training program; **AND**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform TVAR. You must provide documentation of proctoring for four (4) procedures.

**OR**

**SPECIFIC SKILLS AND TRAINING REQUIRED FOR CURRENT EXPERIENCED AND PERFORMING TAVR DEVICE PROCEDURES:**

1. Submit documentation and acceptable outcomes of the successful completion of twenty (20) TAVR procedures performed within the past two (2) years.

**ADDITIONAL CRITERIA:**

Both the Thoracic and Cardiovascular surgeon and the interventional cardiologist must hold the privilege to perform the TAVR device procedure. All members of the team must be present during the major portion of the case which will include the thoracic and cardiovascular surgeon, interventional cardiologist and the echocardiographer.

**Maintenance Criteria for Continued Privileges:**

The Physician must perform a minimum of ten (10) procedures 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. Physicians 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.

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**CTCV-2(c) TRANSMYOCARDIAL LASER REVASCULARIZATION OF THE HEART**

**DEFINITION:** Transmyocardial Laser Revascularization is a procedure for creating small channels in the left ventricular wall for the purpose of relieving angina. A CO2 or Holmium-YAG laser is used to create the channels. This procedure is used in the areas of the heart that are viable but cannot be revascularized by current procedures of surgical bypass or catheter-based techniques. This procedure can be done either using cardiopulmonary bypass as an adjunct to coronary bypass grafting or as the sole procedure being used. It can also be performed on a beating heart under special circumstances. Transmyocardial Laser Revascularization has been approved by the FDA.

**SKILLS AND TRAINING NEEDED:** The procedure should be done by a cardiac surgeon who is skilled in coronary artery bypass grafting which includes the use of cardiopulmonary bypass. The surgeons should have completed a clinical course in the use of this procedure or have been proctored in five cases by a credentialed cardiac surgeon.

**SPECIFIC SKILLS AND TRAINING REQUIRED:**

1. Provide documentation of the successful completion of a residency or fellowship program in Thoracic and Cardiovascular Surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in Transmyocardial Laser Revascularization of the Heart; **OR**
1. Provide a minimum number of three (3) cases performed within the past two (2) years; **OR**
1. Documentation of successful completion of an accredited course on the use of Transmyocardial Laser Revascularization; **AND** Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Transmyocardial Laser Revascularization of the Heart. You must provide documentation of proctoring for three (3) procedures.

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**CTCV-2(d) THORACIC ORGAN TRANSPLANTATION**

**SPECIFIC SKILLS AND TRAINING REQUIRED:**

1. Provide documentation of the successful completion of a residency or fellowship program in Thoracic and Cardiovascular Surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in Thoracic Organ Transplantation; **OR**
1. Provide a minimum number of ten (10) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Thoracic Organ Transplantation. You must provide documentation of proctoring for ten (10) procedures.

**Maintenance Criteria for Continued Privileges:**

The Physician must perform a minimum of five (5) procedures 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. Physicians 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.

**CTCV-4 PERIPHERAL VASCULAR SURGERY**

Privileges to admit evaluate, diagnose, consult, and provide pre-operative, intra-operative and post-operative surgical care to patients of all ages to correct or treat diseases and disorders of the arterial, venous, and lymphatic circulatory systems, excluding those of the heart, thoracic aorta, and intracranial vessels.

**SPECIFIC SKILLS AND TRAINING REQUIRED:**

1. Provide documentation of the successful completion of a residency or fellowship program in Thoracic and Cardiovascular Surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in Peripheral Vascular Surgery; **OR**
1. Provide a minimum number of ten (10) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Peripheral Vascular Surgery. You must provide documentation of proctoring for ten (10) procedures.

**Maintenance Criteria for Continued Privileges:**

The Physician must perform a minimum of five (5) procedures 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. Physicians 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.

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**CTCV-5 DA VINCI ROBOTIC-ASSISTED SURGERY**

**DEFINITION:** The da Vinci surgical system itself is a large console, controlled by the surgeon, with interactive robotic arms, specialized surgical instrumentation, and a high-performance video system. The video system provides surgeons with a highly magnified, three-dimensional view of a patient's interior, while the surgical instrumentation allows for improved precision and manipulation in tight spaces.

**SPECIFIC SKILLS AND TRAINING REQUIRED:**

1. Provide verification from the Residency or Fellowship program director that the Applicant has been trained in da Vinci and has proficiently performed three (3) da Vinci cases within the past two (2) years.  
  
**OR**
1. Documentation of successful completion of a formal course on the da Vinci system offered through Intuitive Surgical; **AND**
2. Verification by the approved Robotics Proctoring Physician that the Applicant was successfully proctored for a minimum of three (3) robotic-assisted patient cases; **OR**
3. Documentation of proficiently performing three (3) da Vinci cases within the past two (2) years; **OR**
3. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform da Vinci Surgical Robot. You must provide documentation of proctoring for three (3) procedures.

**Maintenance Criteria for Continued Privileges:**

The Physician must perform a minimum of two (2) procedures 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. Physicians 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.

REFERENCE ONLY

**CASE LOG**

Physician's Name: \_\_\_\_\_

Date: \_\_\_\_\_

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CTCV-4)
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30				
			<b>TOTAL</b>	

REFERENCE ONLY