



**Clinical Privileges Profile**  
**Colon & Rectal Surgery**

**Kettering Medical Center System**

**Kettering Medical Center**       **Sycamore Medical Center**

**Applicant:** Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Clinical Service Chief:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

**Other Requirements**

- Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**QUALIFICATIONS FOR COLON AND RECTAL SURGERY**

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**To be eligible to apply for core privileges in colon and rectal surgery, the initial applicant must meet the following criteria:**

Successful completion of Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in general surgery, followed by successful completion of an accredited fellowship in colon and rectal surgery.

AND/OR

Current certification or active participation in the examination process with achievement of certification within six years leading to certification in colon and rectal surgery by the American Board of Colon and Rectal Surgery.

**Required previous experience:** Applicants for initial appointment must be able to demonstrate the performance of at least 50 colon and rectal surgery procedures, reflective of the scope of privileges requested, in the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

**Reappointment requirements:** To be eligible to renew core privileges in colon and rectal surgery, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

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## CORE PRIVILEGES

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### COLON AND RECTAL SURGERY CORE PRIVILEGES

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- Requested** Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, presenting with diseases, injuries, and disorders of the intestinal tract, colon, rectum, anal canal, and perianal areas by medical and surgical means, including intestinal disease involvement of the liver, urinary, and female reproductive systems. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

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### SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

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### USE OF LASER

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**Criteria:** Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or provide documentation appropriate to the specific laser to be utilized. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience.

- Requested**

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### ADMINISTRATION OF SEDATION AND ANALGESIA

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- Requested** See Hospital Policy for Moderate Sedation

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### CORE PROCEDURE LIST

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*This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.*

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date.

1. Abdominoperineal resection
2. Anoscopy
3. Appendectomy as related to colon rectal surgery
4. Colectomy, total, subtotal, partial
5. Colon surgery for benign or malignant disease
6. Colonoscopy, fiberoptic with biopsy, coagulation, injection; with polypectomy
7. Colotomy, colostomy

8. Correction of intestinal obstruction
9. Enteric fistulae management
10. Enterostomy (feeding or decompression)
11. Excision of rectal lesion
12. Incision, drainage and debridement of perirectal abscess
13. Incision/excision of pilonidal cyst
14. IV access procedures, central venous catheter
15. Laparoscopy, diagnostic, appendectomy, colectomy
16. Laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis or trauma
17. Liver biopsy (intraoperative), liver resection
18. Management of hemorrhoids (internal and external) including hemorrhoidectomy (including stapled hemorrhoidectomy)
19. Management of intra-abdominal trauma, including injury, observation, paracentesis, lavage
20. Management of soft-tissue tumors, inflammations and infection of anorectal region
21. Perform history and physical exam
22. Proctosigmoidoscopy, rigid with biopsy, with polypectomy/tumor excision
23. Repair of perforated viscus (gastric, small intestine, large intestine)
24. Sigmoidoscopy, fiberoptic with or without biopsy, with polypectomy
25. Small bowel surgery for benign or malignant disease
26. Splenectomy
27. Surgery of the abdominal wall
28. Surgical treatment of anal fissure
29. Surgical treatment of anal fistula, rectovaginal fistula
30. Surgical correction of anal sphincter incontinence

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**ACKNOWLEDGEMENT OF PRACTITIONER**

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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 Hospital, 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 situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

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

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**CLINICAL SERVICE CHIEF'S RECOMMENDATION**

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I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Notes**

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**Clinical Service Chief] Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FOR MEDICAL STAFF OFFICE USE ONLY**  
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**Credentials Committee action** **Date:** \_\_\_\_\_

**Medical Executive Committee action** **Date:** \_\_\_\_\_

**Board of Directors action** **Date:** \_\_\_\_\_

Adopted: November 11, 2010