



Privileges in Thoracic Service

Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.

Required Qualifications

Education/Training

Successful completion of an ACGME or AOA accredited Residency/Fellowship in Thoracic Surgery or foreign equivalent training.

AND

Current certification or active participation in the examination process leading to certification in Thoracic Surgery by the American Board of Thoracic Surgery or by the American Osteopathic Board of Surgery or foreign equivalent training/board.

AND

Documentation or attestation of the performance of at least 100 Core thoracic surgery procedures on inpatients or outpatients as the attending physician (or senior resident) during the past two years.

FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Provide care on LPCH patients in specific areas of SHC

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	Additional Request	
	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	

Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	Thoracic Core Privileges:	
	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment to patients presenting with illnesses, injuries, and disorders of the thoracic cavity and related structures, including the chest wall.	
	Privileges and treatment modalities include:	
	Open lung biopsy	
	Esophagectomy	
	Pulmonary lobectomy	
	Bronchoscopy, esophagoscopy, and associated instrumentation (e.g. stents)	
	Mediastinoscopy, cervical/scalene lymph node biopsy, other superficial biopsy procedures	
	Chest wall and pleura procedures	
	Tracheobronchial tree and lung procedures	
	Diaphragmatic procedures and diaphragmatic hernias	
	Gastroesophageal reflux disease	
	Sympathectomy	
	Resection , construction, and repair of esophagus	
	Feeding tube placement	
	Thoracoscopy for pleural, mediastinal and pulmonary disease (non-lobectomy)	
	Lung volume reduction surgery, bullectomy	
	Resection of mediastinal masses	
	Management of thoracic trauma	
	Central Venous Catheter Insertion (Initial and Renewal Criteria - Must complete "Getting to Zero" educational module)	

Qualifications

Renewal Criteria	Minimum 30 Core cases required during the past 2 years Maintain current certification or active participation in the examination process leading to certification in Thoracic Surgery by the American Board of Thoracic Surgery or by the American Osteopathic Board of Surgery or foreign equivalent training/board.
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[applicant]

FPPE

Core (Chart Review)

Core (Direct Observation)

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	
	Use of fluoroscopy equipment (or supervision of other staff using the equipment) [CRITERIA - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required]	
	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA - Teaching appointment through Stanford School of Medicine required.]	
	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger [CRITERIA - Teaching appointment through Stanford School of Medicine required & qualified for LPCH Core privileges.]	
	VATS - Lobectomy [CRITERIA - Initial - Successfully performed at least five thorascopy or VATS lobe procedures during residency or under the supervision of a qualified surgeon. Renewal - Minimum 2 cases required during the past 2 years]	
	Robotic thoracic surgery [CRITERIA - Initial - ACGME/AOA approved thoracoscopic training -AND- 1 day course at the Intuitive headquarters, unless the individual has done 10 prior, documented cases in training or as an attending elsewhere. Renewal - Minimum 5 cases required during the past 2 years]	
	Laser bronchoscopy and/or esophargoscopy [CRITERIA - Initial - Completion of at least 5 laser cases during training or 5 cases with approved surgeon subsequent to training - Documentation required. Renewal - Minimum 1 case required during the past 2 years]	
	Laparoscopic esophageal surgery [CRITERIA - Initial - Laparoscopic esophageal surgery - Completion of 25 laparoscopic procedures during general or thoracic surgery training and completion of 5 laparoscopic esophageal procedures during general or thoracic surgery training - Documentation required. Renewal - Minimum 2 cases required during the past 2 years]	
	Stereotactic Body Radiotherapy Performed in collaboration with Radiation Oncology [CRITERIA - Initial - • Manufacturer's training course • Observe four (4) cases • Proctored for four (4) cases by Stanford Faculty • Letter from co-director of Cyberknife program and/or letter from Radiation Oncology Clinical Chief. Renewal - Minimum 6 cases required during the past 2 years]	

FPPE

- Administration of Moderate Sedation (Chart Review)
- Administration of Moderate Sedation (Direct Observation)
- Treatment of patients in outpatient clinics at Stanford Hospital & Clinics (Chart Review)
- Treatment of patients in outpatient clinics at Stanford Hospital & Clinics (Direct Observation)
- VATS - Lobectomy (Chart Review)
- VATS - Lobectomy (Direct Observation)
- Robotic thoracic surgery (Chart Review)
- Robotic thoracic surgery (First Case Direct Observation)
- Laparoscopic esophageal surgery (Chart Review)
- Laparoscopic esophageal surgery (Direct Observation)
- Laser bronchoscopy and/or esophargoscopy
- Stereotactic Body Radiotherapy Performed in collaboration with Radiation Oncology

[applicant]

If 10 robotic cases not documented previously then: First Two (2) cases assisted by an approved surgeon;
Three (3) cases proctored by an approved surgeon - Robotic thoracic surgery; and
3 observations - Stereotactic Body Radiotherapy Performed in collaboration with Radiation Oncology

Acknowledgment of Applicant

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 acknowledge I have met the minimum number of cases required as identified for privileges.

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.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request _____ Date _____

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - Proctoring Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request _____ Date _____

[applicant]