

WEST JEFFERSON MEDICAL CENTER
Marrero, Louisiana
PRIVILEGES REQUEST FORM FOR COLON AND RECTAL SURGERY

Minimum Threshold Criteria

To be able to use this form to request clinical privileges, the following minimum threshold criteria must be met.

1. *Basic education:* M.D. or D.O.
2. *Minimal formal training:* Successful completion of an approved residency training program in general surgery followed by a Accreditation Council for Graduate Medical Education (ACGME)-approved residency/fellowship training program in colon and rectal surgery.
3. *Required previous experience:* The successful applicant must be able to demonstrate that he or she has performed at least 50 colon and rectal surgical procedures in the past 12 months. For endoscopic procedures, the applicant must demonstrate that he or she had the following minimal endoscopic experience:

- * total colonoscopy-100 procedures
- * flexible sigmoidoscopy-25 procedures
- * snare polypectomy-20 procedures
- * PEG- 10 procedures
- * tumor ablation- 20 procedures

Note: A letter of reference must come from the residency director or chief of surgery from another hospital where the applicant has been affiliated for the last two years. Two others must come from an anesthesiologist and primary care physician who have known the applicant at least two years and are acquainted with the applicant's current professional status, medical practice, and involvement in the field of colon and rectal surgery. And for endoscopic procedures, references must come from the individual responsible for endoscopic training.

Privileges include admission, work up, diagnosis, and treatment of patients of all ages presenting with illnesses, injuries, and disorders of the colon and rectum, and perianal areas. These privileges include the provision of consultation as well as the ordering of diagnostic studies and procedures related to the colon and rectal problem. Privileges should be requested separately for the following endoscopic procedures:

- total colonoscopy
- flexible sigmoidoscopy
- snare polypectomy
- PEG
- tumor ablation

These core privileges do not include any of the following special requests.

For each special request, threshold criteria are established. Special requests for colon and rectal surgery include:

- use of the laser
- use of the laparoscope

I understand that in making this request I am bound by West Jefferson Medical Center's applicable bylaws and policies. I hereby stipulate that I meet the threshold criteria for each request.

Physician's signature

Typed or printed name

Date

Approved: 3/97

"In general, core privileges consist of those areas listed above. The medical staff may modify or limit the privileges granted."