

REQUIREMENTS FOR ADVANCED LAPAROSCOPIC AND/OR THORACOSCOPIC PRIVILEGING FOR THE DEPARTMENT OF SURGERY

I. Principles

Preamble

The following Guidelines are recommended for privileging qualified surgeons in the performance of procedures, utilizing laparoscopy and/or thoracoscopy alone, or in a hybrid fashion with hand. The fundamental premise is that the surgeon(s) must have the judgment and training necessary to safely complete the procedure as intended, as well as to have the capability of proceeding to a traditional open procedure if the circumstances indicate.

Purpose

The purpose of this statement is to establish guidelines for the granting of privileges to perform procedures utilizing laparoscopy and/or thoracoscopy within the Department of Surgery at Stony Brook University Hospital. These requirements are necessary in order to ensure that these procedures are performed in a manner assuring high quality patient care and proper procedure utilization.

Uniformity of Guidelines

The Department of Surgery recommends that all Departments within Stony Brook University Hospital adopt uniform standards for those requesting comparable privileges. The intent is not to be unduly stringent, but to set uniform requirements which are applicable to all those wishing to obtain privileges. The goal must be to deliver high quality patient care. To this end, surgery proficiency *must be assessed* for every surgeon. Moreover, privileges will neither be granted nor denied solely on the basis of the number of procedures submitted for evaluation.

II. Definitions

Must/Shall **Mandatory Recommendation**

Should **Highly desirable Recommendation**

May/Could **Optional Recommendation; Alternatives may be
Appropriate**

Advanced Laparoscopic/Thoracoscopic Procedures.

These applicable procedures are defined as *every minimally invasive procedure except*: uncomplicated surgery on the gallbladder; exploratory laparoscopy with or without biopsy; lysis of adhesions;

appendectomy; hernia repair; diagnostic thoracoscopic procedures; and endoscopic procedures. All others require a higher level of competency, which include patient selection, peri-procedural care, conduct of the operation, technical skill and equipment necessary to safely complete the procedure using thoracoscopic or laparoscopic techniques, and the ability to proceed immediately to perform the traditional open procedure as necessary.

III. Documented Training and Experience

A case list must be submitted which accompanies the applicant's privileging request (*i.e.*, primary surgeon, co-surgeon, or assistant surgeon). Complications, outcomes and conversion rates to traditional techniques should be included if known. If details are unknown, applicant must specify this. A summary letter from the preceptor, program director, and/or chief of surgery must state whether the "applicant can independently and competently perform" the procedure(s) for which privileging is requested.

A formal course is a limited period of instruction. It should offer Category I Continuing Medical Education (CME) credits that meet American Medical Association (AMA) standards. The course should have appropriately trained instructors, and have a curriculum that includes didactic instruction as well as hands-on experience. This may include the use of inanimate and/or animate models. The course director and/or instructor should provide a written assessment of the participant's mastery of course objectives. Documentation for certain courses consisting of only didactic instruction requires verification of attendance. However, a Formal Course alone is *not* appropriate training to begin performing a procedure independently.

IV. Minimal Requirements for Granting Privileges

A. Formal Residency or Fellowship Training in General Surgery, Colon and Rectal Surgery, Minimally Invasive Surgery, or Thoracic Surgery.

B. Prerequisite training *must* include satisfactory completion of a program accredited by the Accreditation Council for Graduate Medical Education, or the equivalent body if the program is based outside of the United States or Canada. For minimally invasive fellowships, a Certificate of Special Qualification or Added Qualification is required. A record of experience list must be submitted, and the Program Director or Department Chair must stipulate that the individual is qualified to perform the procedure(s) which he/she is requesting.

C. For *surgeons* new to the Stony Brook University Hospital staff and who have been on another hospital staff(s) and who have successfully completed a residency and/or fellowship program that incorporated a structured experience in advanced laparoscopic and/or thoracoscopic surgery, the applicant's program director, and if desired other attending surgeons or faculty members should supply the appropriate documentation of training.

For those surgeons without residency and/or fellowship training in advanced laparoscopic/thoracoscopic surgery, or without documented prior experience in these areas, a structured training curriculum is required. This should include a curriculum involving didactic courses, an appropriate period of observation, an appropriate number of opportunities for the applicant to observe, assist, and serve as the primary operator for the

procedure for which privileges are being sought, and hands-on experience with inanimate and/or animate models. Other teaching aids may include video review and interactive computer programs.

D. Proctoring

Once privileges have been given, performance must be monitored for a minimum of five operations. The number and mechanism may be modified as appropriate based on whether the individual surgeon has received advanced laparoscopic/thoracoscopic training in an ACGME-approved residency, but should include the evaluation of outcomes as well as competency in one's complete procedural conduct. Independent responsibility is permitted only following successful completion of the proctoring period. This period may be increased at the discretion of the monitor(s), the Division Chief, and with the consent of the Department Chair.

E. Criteria for Competency

Criteria for Competency for each procedure should include evaluation of the following: familiarity with instrumentation and equipment, competence in their use, appropriateness of patient selection, clarity of dissection, safety, and successful completion of the procedure. Whenever possible, video-reproduction should be available for independent evaluation if there is concern or if an adverse decision results in the initiation of an Appeal.

F. Continuing Medical Education

Continuing Medical Education related to laparoscopic and/or thoracoscopic surgery is required as part of the periodic renewal of the privileging process. This requirement may be fulfilled through attendance at local, national or international meetings, as well as courses.

**Credentials Committee
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