

## EVALUATION OF CLINICAL PRIVILEGES - GENERAL SURGERY

For use of this form, see AR 40-68; the proponent agency is OTSG.

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. PERIOD OF EVALUATION <i>(YYYYMMDD)</i> FROM _____ TO _____
4. DEPARTMENT/SERVICE	5. FACILITY <i>(Name and Address: City/State/ZIP Code)</i>	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

### SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PRIVILEGE CATEGORY	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	Category I clinical privileges			
	Category II clinical privileges			
	Category III clinical privileges			
	Category IV clinical privileges			
<b>Surgical Subspecialty</b>				
	a. General Surgery			
	b. Cardiac Surgery			
	c. Orthopaedic Surgery			
	d. Otolaryngology			
	e. Ophthalmology			
	f. Neurosurgery			
	g. Plastic Surgery			
	h. Thoracic Surgery			
	i. Urology			
	j. Vascular Surgery			
	k. Colo-rectal Surgery			
<b>GENERAL SURGERY PRIVILEGES</b>				
	a. Moderate sedation			
	b. Diagnostic procedures: Introduction of radiologic contrast materials in conjunction with operative procedures or assessment of trauma.			
	c. Endoscopy: Diagnostic and therapeutic endoscopic procedures including flexible and rigid bronchoscopy, esophagogastroduodenoscopy (including biopsy), sigmoidoscopy, colonoscopy (including biopsy), and choledochoscopy.			
	d. Head and neck: Biopsy and partial or complete resectional procedures involving the thyroid, parathyroids, salivary glands, face, scalp, external ear and soft tissues of the face and neck. Includes dissection of cervical lymph nodes.			
	e. Breast/chest: Biopsy of breast lesions. Partial or complete mastectomies. Dissection of axillary lymph nodes alone or in conjunction with breast procedure.			
	f. Abdomen: Operations on the gastrointestinal tract (esophagus, stomach, small bowel, colon, rectum and anus) or biliary tract. Operations involving other intra-abdominal or retroperitoneal organs (e.g., liver, spleen, adrenals, pancreas, kidneys, ureters, bladder, urethra, external genitalia, uterus, fallopian tubes, ovaries).			
	g. Laparoscopic operative and diagnostic approaches to intra-abdominal procedures, e.g., anti-reflux procedures, diagnostic laparoscopy, hernia repair, appendectomy, splenectomy, bariatric procedures, and bowel resection.			
	h. Abdominal wall: Repair of hernias including the use of prosthetic materials.			
	i. Musculoskeletal: Operations on nerves, ganglia, muscles, and tendons. Management of simple fractures.			
	j. Skin and subcutaneous tissue: Repair, excision and/or grafting of injuries or lesions involving the skin and SQ tissues. Includes radical lymph node dissections.			

CODE	GENERAL SURGERY PRIVILEGES <i>(Continued)</i>	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	k. Trauma: Initial stabilization, resuscitation, emergent operative management, and coordination of specialty care of the injured patient. This includes but is not limited to patients with injuries to the brain, airway, maxillofacial region, neck, chest/lungs, heart and great thoracic vessels, abdomen, genitourinary system, extremities, pelvis, and peripheral vascular system. Exposure, resection and/or repair of traumatic injuries involving the head and neck, thorax and intrathoracic components, abdominal cavity and extremities not otherwise specified.			
	l. Intensive care management: Placement and interpretation of arterial, central venous and pulmonary artery catheters. Management of ventilators. Use of vasoactive medications. Management of fluid and electrolytes as well as hyperalimentation.			
	m. General pediatric surgery: Elective surgical management of common pediatric surgical problems such as hernias, pyloric stenosis, etc. Emergent management of traumatic injuries in pediatric patients.			
	n. Sentinel lymph node mapping and biopsy procedures. <i>(Specific documentation of training/experience is required.)</i>			
	o. Use of mechanical, electrocautery for the excision, coagulation, vaporization and/or repair of tissue.			
	p. Laser privileges (See special requirements below.)			
	<b>GENERAL THORACIC SURGERY PRIVILEGES</b>			
	a. Endoscopy: Diagnostic and therapeutic bronchoscopy and esophagoscopy <i>(flexible or rigid)</i> .			
	b. Chest wall: Resection and/or reconstruction of the thoracic cage for benign or malignant conditions, and chest wall tumors. First rib/cervical rib resections for thoracic outlet syndrome.			
	c. Mediastinum: Mediastinoscopy, anterior mediastinotomy, resection of mediastinal tumors <i>(via transthoracic or transcervical routes)</i> .			
	d. Trachea: Resection and reconstruction of tracheal lesions. Repair of traumatic injuries.			
	e. Pleural space: Biopsy of pleural lesions, drainage of pleural fluid collections, mechanical and chemical pleurodesis. Includes open and thorascopic approaches.			
	f. Lung: Biopsy, wedge resection, lobectomy, and pneumonectomy.			
	g. Esophagus: Resection, reconstruction, bypass or anti-reflux procedures involving the intrathoracic esophagus.			
	h. Heart, intrathoracic aorta and great vessels: Repair, bypass, reconstruction or bypass of traumatic injuries.			
	<b>GENERAL VASCULAR SURGERY PRIVILEGES</b>			
	a. Diagnostic procedures: Arteriography, venography and angioscopy.			
	b. Venous procedures: Vein strippings, venous bypass, ligation/interruption of any veins <i>(with the exception of the intracerebral veins)</i> .			
	c. Arterial procedures: Aneurysmorrhaphy, arterial repair, thrombectomy or arterial bypass of any artery with the exception of the thoracic aorta and intracerebral vessels.			
	d. Access procedures: Indwelling catheter placement, arteriovenous shunt or fistula, peritoneal dialysis catheter placement.			
	e. Amputations for vascular insufficiency or trauma.			
	f. Lymphedema procedures: Lymphangioplasty or shunt procedures.			
	g. Sympathectomy for vascular spasm or insufficiency.			
	h. First rib/cervical rib resections for thoracic outlet syndrome.			
	i. Percutaneous transluminal peripheral angioplasty/intravascular stent placement (except intracranial vessels). <i>(Specific documentation of training/experience is required.)</i>			

CODE	LASER PRIVILEGES	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	a. Debulking of tumors			
	b. Thoracic/abdominal surgeries			
	c. Pancreatic/liver resections			
	d. Mastectomies			
	e. Dissection of vascular lesions			
	f. Excision, coagulation, for the vaporization and/or repair of tissue			
	<b>OTHER</b>			
	a. Vaporization of tattoos			
	b. Vaporization of vascular lesions			
<b>SECTION II - COMMENTS</b> <i>(Explain any rating that is "Unacceptable".)</i>				
NAME AND TITLE OF EVALUATOR		SIGNATURE		DATE (YYYYMMDD)