<table>
<thead>
<tr>
<th>Criteria</th>
<th>CATEGORY 1</th>
<th>CATEGORY 2</th>
<th>CATEGORY 3</th>
<th>CATEGORY 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Independently practicing surgeon with &lt;10 robotic surgery cases in the past year. Does not meet criteria for robotic surgery training during residency or fellowship.</td>
<td>Independently practicing surgeon with &gt;10 and &lt;50 robotic surgery cases in the past year.</td>
<td>Independently practicing surgeon with &gt;50 robotic surgery cases in the past year.</td>
<td>Independently practicing surgeon with &gt;50 robotic surgery cases in the past year.</td>
</tr>
<tr>
<td>TRAINING/PRIVILEGES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board Certified/Qualified</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>References - Robotic Experience</td>
<td>Not applicable</td>
<td>From Program Director</td>
<td>From Chief of Service</td>
<td>From Chief of Service</td>
</tr>
<tr>
<td>Robotic Training Course</td>
<td>Required</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observation Robotic Cases</td>
<td>3 cases within 3 mths</td>
<td>Not required</td>
<td>Not Required</td>
<td>Not Required</td>
</tr>
<tr>
<td>Currently privileged to perform the procedure using conventional techniques</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>CASE EXPERIENCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robotic Cases (minimum #)</td>
<td>Not applicable</td>
<td>30 as resident/fellow</td>
<td>&gt;10 and &lt;50 in the past year as practitioner</td>
<td>&gt;50 in past year as practitioner</td>
</tr>
<tr>
<td>Review of conventional cases for each procedure for which robotic privileges are requested</td>
<td>5 most recently performed cases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROCTORING (minimum #)</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>MONITORING/FOCUSED REVIEW of robotic cases performed independently</td>
<td>First 5 sequential cases</td>
<td>First 5 sequential cases</td>
<td>First 5 sequential cases</td>
<td>First 5 sequential cases</td>
</tr>
<tr>
<td>MAINTENANCE OF PRIVILEGES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum robotic cases per year performed at SBUH</td>
<td>Cardiac 10/2yrs Urologic 20/2yrs Gen Surgery 15/2yrs</td>
<td>Cardiac 10/2yrs Urologic 20/2yrs Surgery 15/2yrs</td>
<td>Cardiac 10/2yrs Urologic 20/2yrs Surgery 15/2yrs</td>
<td>Cardiac 10/2yrs Urologic 20/2yrs Surgery 15/2yrs</td>
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<tr>
<td></td>
<td>ENT 20/2yrs</td>
<td>ENT 20/2yrs</td>
<td>ENT 20/2yrs</td>
<td>ENT 20/2yrs</td>
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<tr>
<td></td>
<td>Gynecological 30/2yrs</td>
<td>Gynecological 30/2yrs</td>
<td>Gynecological 30/2yrs</td>
<td>Gynecological 30/2yrs</td>
</tr>
<tr>
<td>Satisfactory QA Review</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
</tr>
</tbody>
</table>

In order to assure adequate patient volume and resource utilization for our teaching programs, robotic surgery privileges are limited to members of the medical staff who are members of the full time faculty.

**TRAINING/PRIVILEGES**

- **Board Certified/Qualified**
- **Reference(s)-Robotic Experience**: Reference letter must include a statement that the applicant has performed the minimum number of robotic cases as defined above. It must also attest to the current clinical competence of the applicant with respect to robotic surgery
- **Robotic Training Course**: The course must be acceptable to the SBUH Director of Robotic Surgery (DRS)
- **Observation Robotic Cases**: Practitioner must observe cases in the appropriate specialty. The observation can be done in any hospital that is acceptable to the DRS.
- **Currently privileged to perform the procedure using conventional techniques**: This applies to every procedure for which the applicant is requesting robotic privileges.

**CASE EXPERIENCE**

- **Robotic Cases**: In all reported cases, the applicant must have been the primary surgeon
- **Review of 5 most recent conventional cases for each procedure for which robotic privileges are requested**: Review will be conducted by SBUH departmental QA committee. Results to be indicated on Robotic Surgery Privilege Sheet.

**PROCTORING**

- The proctor must be a physician fully privileged in robotic surgery at SBUH and have satisfactorily completed the QA review of the first 5 consecutive-non proctored cases.
- If such a person is not on the SBUH medical staff in the specialty in question, an outside proctor may be obtained. The outside proctor must be approved by the DRS. Generally accepted standards must be followed in deciding whether a potential proctor is qualified to proctor in the specialty in question.
- At the completion of the required minimum cases, the proctor shall determine if the practitioner requires additional proctoring or may perform robotic surgery independently. The proctor will base the decision on the operative performance rating form (attached). The practitioner must score a 3, 4 or 5 in every category in which he/she is evaluated.
- A decision to recommend robotic privileging is made by the proctor to the DRS who then makes a recommendation to the department credentials committee and then through the privilege review process delineated in the SBUH bylaws.

**MONITORING/FOCUSED PRACTICE REVIEW**

Once the proctoring period has concluded, a FPPE shall be conducted for at least the first 5 independently performed robotic cases (refer to FPPE policy). The Chief of the respective service will appoint a physician to conduct the review. A procedural surgical
A complication occurs which can be potentially rectified without abandoning the robotic procedure. 

Temporary take over of primary surgeon if ALL the following circumstances are met:

**Emergency Privileges.** In the event that the procotoring surgeon is not privileged in the specialty he is procotoring, he may

**Cross Services.** It is anticipated that the departments of OB/GYN and surgery will be using robotic surgery in the future.

A committee/systems will be used for robotic surgery.

**Quality Assurance/Ongoing Monitoring.** The process and outcome measures used by the existing departmental and hospital more stringent criteria.

The requirements/processes delineated indicate the minimum standard. Each service that privileges in robotic surgery may establish

**Additional Information**

Complication rates shall be referred to the appropriate medical staff A committee and/or MEC.

Adverse procedure outcomes that appear out of proportion to peer's peers and/or not of proportion to generally accepted adverse procedure outcomes are still considered grounds for appeal. Appeals for exceptions (e.g., exceptions may include official sick leave, supplemental leave) for minimum cases performed must be submitted to the DRS. NOTE: moility to schedule adequate OR time for robotic cases is not considered grounds for appeal.

If the physician who is requesting renewal of robotic privileges, MUST submit a procedure log indicating MRN Procedure performed.

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- Gynecological cases 2/5 years
- General Surgery cases 1/5 years
- Thoracic cases 2/5 years
- Cardiovascular cases 1/5 years

Surgeon

Minimum Robotic cases performed at SBYH: This applies only to cases in which the procotoring was the primary

**Maintenance of Privileges**

Privileges that outcome studies may impact on renewal of privileges.

The procotoring who is granted robotic privileges agrees that he/she will cooperate with all requirements that relate to robotic

require further procotoring. In response to the input from the departmental A committee the director may, at any point, may

Review form will be completed by the physician conducting the review and submitted to the respective departmental credentials
b. the surgeon being proctored is unable to resolve the complication in a timely manner

c. the complication is of a type that can be encountered in the proctors own specialty

d. the proctor must feel comfortable in temporarily becoming primary surgeon and attempting to resolve the complication him/herself.

e. The proctor and surgeon of record agree that:
   o the case will be turned back to the surgeon in the appropriate specialty as soon as the complication is resolved.
   o the final decision with regard to, if and when, to abandon robotic surgery shall remain that of the surgeon of record.

The purpose of this provision is solely to protect the interests of the patient by sparing the patient a "open" operation if the complication can still be dealt with robotically.

Per Medical Board March 2008: Administrative privileges are not required because the proctor will NOT provide any direct patient care.
Revised November 2011.
Revised December 2013
In all reported cases, the applicant must have been the primary surgeon. Letter from Chief or Program Director, or Chief of Service, documenting the number of cases performed.

Operative Report and the final outcome: For the last 5 cases performed: Submitted the operative report, the number of cases performed.

Observation: Robotic Cases: Submit a statement indicating the procedure observed, date of observation, name of primary surgeon.

Robotic Training Course: Copy of certificate from course or letter from course director.

Reference(s)-Robotic Experience: Letter from Program Director or Chief of Service.

This documentation MUST accompany the request.
Operative Performance Rating Form – SURGERY

Practitioner ________________ Surgery Date ___________ Procedure: ____________________________

Please circle the number corresponding to the practitioner’s performance in each area.

Knowledge of Operative Steps

1. Unfamiliar with steps of the operation. Unable to recall or describe many operative steps (2)
2. Knows and can explain most of the operative steps but unsure of some (3)
3. Obvious knowledge of all operative steps: able to give details of steps without hesitation (5)

Instrument Handling

1. Makes tentative or awkward moves by inappropriate use of instruments (2)
2. Competent use of instruments but occasionally appears stiff or awkward (3)
3. Fluid moves with instruments and no awkwardness (5)

Knowledge of Instruments

1. Frequently asks for wrong instrument or uses inappropriate instrument (2)
2. Knows names of most instruments and uses appropriate instruments (3)
3. Obviously familiar with the instruments and their names (5)

Flow of the Operation

1. Frequently stopped operating and seemed unsure of next move (2)
2. Demonstrated some forward planning with reasonable progression of procedure (3)
3. Obviously planned course of operation with effortless flow from one move to next (5)

COMMENTS: ____________________________________________

Practitioner’s Signature ____________________________ Date ___________ Proctor’s Signature ____________________________ Date ___________