

## Department of Neurological Surgery

### **CAT 1 Basic Privileges: Patient management, including H & Ps and diagnostic and therapeutic treatments, procedures and interventions,**

Requiring a level of training generally associated with persons who have completed the residency program prescribed by the American Board of Neurological Surgery, and a level of skill and ability generally associated with persons who are diplomates of that board encompassing the areas described below and similar activities.

#### **A CRANIAL-CRANIOTOMY OR CRANIECTOMY/BUR HOLES FOR:**

- 5 Aneurysms, arteriovenous malformations**
- 10 Tumors (primary or secondary): intra- or extra-axial, intraventricular, supra- or infratentorial**
- 15 Hematomas, infection**
- 20 Microvascular anastomosis**
- 25 Congenital anomalies**
- 30 Cranial nerve decompression**
- 35 All other cranial procedures**
- 40 Transnasal surgery: tumors, CSF leak, infection, hypophysectomy**
- 45 Shunt procedures**

#### **B SPINAL**

- 5 Laminectomy or laminotomy**
- 10 Anterior vertebral approach with or without fusion**
- 11 Spinal instrumentation: Cervical**
- 12 Spinal instrumentation: Thoracic**
- 13 Spinal instrumentation: Lumbar**
- 15 All other spinal procedures**

- C PERIPHERAL NERVE**
  - 5 Peripheral nerve neurolyses, decompression, repair**
  
- D EXTRACRANIAL VASCULAR PROCEDURES**
  - 5 All extracranial vascular procedures**
  - 7 Carotid Endarterectomy**
  
- E FUNCTIONAL AND STEREOTACTIC SURGERY**
  - 5 Stereotactic cranial or spinal stimulation or ablation**
  - 10 Stereotactic biopsy or irradiation with radioactive seeds**
    - 10.1 Stereotactic radiation using Gamma Knife**
    - 10.2 Cyberknife Radiosurgery**

(Certification of training required prior to granting privileges; proctoring involves active observation and participation under the direct supervision of a proctor in at least 5 cases for which the proctor has privileges using the Cyberknife.

Recertification will be necessary following any 12 month period during which the practitioner did not directly participate and was responsible for at least 5 cases. Recertification would require additional proctoring of at least 3 additional cases.)
  - 10.02 Brain**
  - 10.02 Spine**
    - 15 Lobectomy for epilepsy**
    - 20 Percutaneous or open spinal ablative procedures**
    - 25 Implantation of nerve stimulation devices**
    - 30 Other procedures for functional neurosurgery**
  
- F NEURODIAGNOSTIC PROCEDURES**
  - 5 All ventricular and spinal fluid studies**
  - 10 Cerebral angiography**
  - 15 Intracranial pressure monitoring**
  
- G Laser procedures**
  - 5 Intracranial (LASER)**

**10 Spine**  
(LASER)

**15 Peripheral nervous system**  
(LASER)

**CAT 3 Special Privileges in Neurological Surgery: Patient management at this level encompasses Category 1 patient management within the applicant's area or specialization, the items specifically marked below and similar activities.**

Requiring a level of training, skill and ability generally associated with persons who are diplomates of the certifying board, and who have had additional training and/or experience in specific patient management problems.

**A Moderate Sedation**  
(Sedation Module Required prior to granting of privilege)

**B Fluoroscopy**  
(formal fluoroscopy supervisor certification required)

**C Intraoperative MRI guided surgery**  
(training certification and safety video required)

**D Endovascular Neurosurgery with Admitting privileges**  
(training certification and safety video required)

**1** Diagnostic extracranial (subclavian, carotid, and vertebral) and intracranial Cerebral angiography

**2** Endovascular treatment of intracranial aneurysms with coil embolization, with either use of balloon assistance, stent assistance, or flow diversion device

**3** Endovascular treatment of cerebral arteriovenous malformations

**4** Acute stroke treatment and/or vasospasm treatment

**5** Endovascular therapy for extracranial and intracranial vascular occlusive disease including subclavian, vertebral, carotid, and intracranial angioplasty and stenting

**Initial Criteria**

Completion of a neurosurgery residency training program and board certification in Neurosurgery

AND

Performance of subspecialty focused training and previous documented attending endovascular practice (unless directly out of residency/fellowship) in endovascular neurosurgery with documented performance of endovascular neurosurgery cases (see below) in training or in practice, over the past 3 years.

Focused Training can include in-folded training within residency, and/or post-graduate fellowship training. Applicant must have performed at least 100 documented diagnostic angiography procedures and 100 documented interventional/therapeutic procedures for extracranial/intracranial vascular pathology as principal operator (either the attending principal operator without supervision or as the resident/fellow principal operator under

supervision, or a combination of the two). To be performed with accepted published rates of morbidity and mortality as documented through the peer review process.

**CAT 4 Limited Privileges in Neurological Surgery: Patient management limited to the areas specified below.**

(For members of the Allied Health Staff, these areas must correspond to written protocols approved by the Credentials Committee of the Medical Staff.)

- A Nonsurgical consultation and patient management**
- B Nonsurgical consultation and patient management, including neurosurgical oncology and chemotherapy.**
- C Neuropathology only**
- D Neurophysiological Monitoring**
- E Physician's Assistant: Under the direction of the supervising physician, the physician's assistant may perform the following functions:**
  - 1 Perform and dictate pre-operative admitting histories and physicals**
  - 2 Act as first assistant to the surgeon in the operating room for specified procedures after proctoring and approval by the supervising physicians**
  - 3 Participate in rounds and enter notes in the chart, which will be countersigned by the physician.**
  - 4 Write admitting, pre- and post-operative and discharge orders in the chart. These will include orders for diagnostic tests, immediate post-operative rehabilitation, activity level, diet, wound care, incentive spirometry, and catheterization.**

A physician will co-sign all orders within 24 hours.
  - 5 Transcribe patient-specific verbal orders for medications as transmitted by the supervising physician**
  - 6 Remove sutures, staples, and drains; change dressings and do appropriate**

wound care.

- 7 Start I.V.'s or draw blood, including arterial blood gases
- 8 Place or remove Foley catheters or NG tubes
- 9 Basic CPR
- 10 Dictate discharge summaries
- 11 Each time a physician's assistant provides care for a patient and enters his/her name, signature, or initials on a patient's record, the physician's assistant shall also enter the name of his/her supervising physician who is responsible for the patient.
- 12 Consultation with the physician(s) responsible for the patient must be available 24 hours a day.  
The physician's assistant will seek immediate consultation for any life-threatening conditions, when the patient requests if, or if the patient's problem is beyond the physician's assistant scope of clinical management.
- 13 Recordkeeping: The physician's assistant will document on the patient's medical record in accordance with the policies set forth in the UC San Francisco Medical Staff Rules and Regulations. A physician will read and countersign all patient notes.

#### **F MD First Assist (MDFA)**

- 1 Acts as first assistant to the surgeon in the operating room for specified procedures after proctoring and approval by the supervising physicians.
- 2 Practices under the direct supervision of the surgeon during the intraoperative phase of the perioperative experience. The MDFA may perform the following technical functions:
  - a. Assist with the positioning, prepping, and draping of the patient, or, perform these independently, if so directed by the surgeon.
  - b. Provide intraoperative retraction, hemostasis, knot tying, dissection as directed by the surgeon, closure of layers.
  - c. Assist the surgeon at the completion of the surgical procedure by affixing and stabilizing all drains, cleaning the wound and applying the dressing.
  - d. Assist with transferring patient to the PACU/IC
- 2.a Assist with the positioning, prepping and draping of the patient, or, perform these independently is so directed by the surgeon
- 2.b Provide intraoperative retraction, hemostasis, knot tying, dissection as directed by the surgeon, closure of layers
- 2.c Assist the surgeon at the completion of the surgical procedure by affixing and stabilizing all drains, cleaning the wound and applying the dressing.
- 2.d Assist with transferring patients to PACU/ICU

#### **G Neuropsychology patient management, including diagnostic and therapeutic treatments, procedures and interventions, psychological diagnosis**

Requiring a level of training generally associated with a person who is licensed as a psychologist in the State of California

#### **ADMSE Admitting Services**

I expect to admit and care for patients under my own name on the following inpatient services:

**NS    Neurosurgery Service**

**NC    Chemoneurosurgery Service**

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**PRINT NAME - APPLICANT**

**SIGNATURE**

**DATE**

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**PRINT NAME - PROCTOR / SUPERVISING PHYSICIAN    SIGNATURE - SUPERVISING PHYSICIAN    DATE**

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**PRINT NAME - DEPARTMENT CHIEF**

**SIGNATURE - DEPARTMENT CHIEF**

**DATE**

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**PRINT NAME - DEPARTMENT CHAIR**

**SIGNATURE - DEPARTMENT CHAIR**

**DATE**