

DEPARTMENT OF SURGERY

RULES AND REGULATIONS

I. PURPOSE/VISION

The Department of Surgery's duty is to ensure that its members provide the highest quality surgical care to its patients in the safest and most expeditious manner. The provision of surgical care is to be coordinated with the goals of education and clinical investigation and research.

II. ORGANIZATION

The Department of Surgery consists of the following Divisions and Sections:

- Division of Burn Surgery
- Division of Cardio-Thoracic Surgery
 - Section of Cardiac Surgery
 - Section of Thoracic Surgery
- Division of Colon and Rectal Surgery
- Division of General Surgery
 - Section of Surgical Oncology
 - Section of Transplantation Surgery
- Division of Hand Surgery
- Division of Neurological Surgery
 - Section of Neuro Trauma
- Division of Ophthalmology
- Division of Oral and Maxillofacial Surgery
- Division of Orthopedic Surgery
 - Section of Foot and Ankle Surgery
 - Section of Ortho Trauma
- Division of Otolaryngology-Head & Neck Surgery
- Division of Pediatric Surgical Specialties
 - Section of Pediatric Surgery
 - Section of Pediatric Urology
- Division of Plastic Surgery
- Division of Podiatric Surgery
- Division of Spine Surgery
- Division of Trauma-Surgical Critical Care
 - Section of Geriatric Trauma
 - Section of Pediatric Trauma
 - Section of Trauma Research
- Division of Urology
- Division of Vascular and Endovascular Surgery

III. LEADERSHIP

- A. Chair** –Is the senior executive and clinical leader of the Department of Surgery.
1. The Chair of Surgery is appointed by the Boards of Trustees upon recommendation of Chief Executive Officer, and the Medical Executive Committee.
 2. In addition to the duties prescribed by the Chief Medical Officer, the Chair has the responsibility and the authority to, in conjunction with the Division Chief, request action upon any practitioner for repetitive deviations from acceptable standards of professional care or behavior. Requests for action must be made in accordance with due process as prescribed within the Medical Staff Bylaws
 3. The Chair has both the responsibility and the authority to impose a precautionary suspension on all or any portion of the clinical privileges of a Medical Staff member and such an action is effective immediately
 4. The Chair recommends, to the Medical Executive Committee, membership in the Department of Surgery and granting of privileges upon advising consent from the Chief of the appropriate division and/or section. Privileges are granted by the Board of Trustees.
- B. Vice Chair(s)** -- Are appointed by the Chair of Surgery with the approval of the Medical Executive Committee and the Boards of Trustees. Responsibilities include but are not limited to:
1. Senior Vice Chair --
 - a. Represent Chair and Department in network and Department quality and patient safety initiatives
 - b. Assume oversight of the Department in the absence of the Chair
 2. Operations and Clinical Affairs --
 - a. Represent Chair and Department in Network and Department operational initiatives.
 - b. Co-Chair Operating Room Governing Board
 - c. Chair Value Analysis Committee
 3. Education--
 - a. Represent Chair and Department in all surgical educational activities including Residencies, Fellowships, Medical Students, and Physician Assistant Students.
 - b. Ensure that all educational programs meet National, Network and Department guidelines
 - c. Oversee all Residency Program Directors and curriculum
 4. Research--
 - a. Represent Chair and Department in all Network and Department Research initiatives
 - b. Chair Surgical Research Committee

- c. Ensure that Department members involved in clinical investigations meet all National, Network and Department guidelines including IRB submission, if required, and financial and ethical guidelines set forth by the Network and Department.
 - 5. Lehigh Valley Hospital – Muhlenberg Campus
 - a. Represent Chair and Department at LVH-M
 - 6. Children’s Surgery
 - a. Represent Chair and Department in all Network and Department matters pertaining to surgery on the Pediatric population
 - b. Represent Chair and Department on all interactions with the Department of Pediatrics.

- C. Division Chief, Associate Division Chief, and Section Chief --Are recommended for appointment by the Department Chair with the approval of the Chief Executive Officer, Medical Executive Committee and the Boards of Trustees. Appointments shall be for a one (1) year term (July 1 through June 30) and may be reappointed on an annual basis thereafter.
 - 1. Division Chief--
 - a. Be accountable to the Department Chair, the Surgical Executive Committee (SEC), and the members of his/her division.
 - b. Formally meet with the Department Chair on a regular basis to examine long-term developmental strategy and division needs.
 - c. Attend SEC meetings.
 - d. Conduct at least quarterly division meetings.
 - e. Monitor compliance with the Department of Surgery attendance policy for Division meetings.
 - f. Assure that an Division emergency call schedule is prepared at least two months in advance.
 - g. Conduct Morbidity and Mortality review, in conjunction with the Quality Assurance/Performance Improvement Committee, either at the Divisional meetings or at the weekly Morbidity and Mortality conference.
 - h. Evaluate candidates for membership in the Division and the requested clinical privileges and make recommendations to the Chair of Surgery.
 - i. Evaluate requests for clinical privileges in Surgery for members of other Departments and make recommendations, on same, to the Chairman of Surgery.
 - j. Recommend to the Chair of Surgery the degree of proctoring necessary to ensure the quality of care delivered by new members of the Division and be responsible for overseeing the proctoring.

- k. Annually review and suggest revisions to the Division-specific clinical privilege list
- 2. Associate Division Chief--
 - a. Assume all the responsibilities of the Division Chief in his/her absence or inability to perform his/her outlined tasks and duties.
 - b. Assist the Division Chief in whatever way possible and as mutually agreed.
- 3. Section Chief--
 - a. Responsible for supervising and evaluating patient care and suggesting policy within the Section
 - b. Responsible to the Division Chief and, in turn, to Department Chair and the SEC.

D. Surgical Executive Committee

- 1. The membership of the SEC includes the Vice Chairs, Division Chiefs, and Senior Advisors to the Chair
 - a. Division Chiefs for Hand Surgery and Spine Surgery and Senior Advisors to the Chair are non-voting members on the SEC.
 - b. Senior Vice President for Operations, Vice President for Orthopedics and Perioperative Services, Department of Surgery Administrator and the Administrator of Perioperative Services are invited as non-voting members.
- 2. SEC is chaired by the Chair of the Department of Surgery or in his/her absence, by the Senior Vice Chair or a designee assigned by the Chair.
- 3. SEC will meet monthly and/or as needed at the discretion of the Chair.

E. Administrator, Department of Surgery

- 1. The Administrator is hired by the Chair of Surgery.
- 2. Responsibilities include but are not limited to:
 - a. Represent Chair and Department as administrative leader in all Network and Department initiatives
 - b. Oversight of all Department staff, operational budgets, restricted and unrestricted surgical funds, strategic and operational planning, etc
 - c. The Administrator is responsible for any other duties as assigned by the Chair of Surgery

IV. MEMBERSHIP

- A. Board Certification** -- Membership in the Department of Surgery is available to members of the Medical Staff who have successfully completed surgical or surgical subspecialty postgraduate training and are board eligible/qualified or board certified in a surgical specialty or subspecialty. Members must obtain and maintain continued board certification in their practicing specialty according to the Medical Staff Bylaws.
- B. New appointments to the Department of Surgery** – All new appointments to the Department of Surgery shall be placed in a Provisional status according to the Medical Staff Bylaws
 - 1. During the Provisional appointment, new members will be monitored by the appropriate Division Chief or his/her designee.
 - a. Monitoring may take the form of direct observation or review of performance and outcomes, as deemed appropriate by the Division Chief and the Chair.
- C. On-Call Coverage** -- Active members of the Department of Surgery, as determined by need, provide on-call coverage in the Emergency Department, upon assignment by the appertaining Department Chair according to Medical Staff Bylaws.
 - 1. Exceptions can be granted only by the Chair of the Department of Surgery upon the advice of the Division Chief
- D. Meeting Attendance** -- All members of the Department of Surgery are required to attend at least 50% of their Division meetings on an academic year basis, July 1 through June 30. At the end of the 12 month period, noncompliance will result in a probation period of 6 months. If the surgeon remains noncompliant (below 50% attendance) at the end of the probation period, that physician will be required to pay a \$200 fee (made payable to the Department Fund).
- E. Responsibilities** –
 - 1. All members have both the ethical and legal responsibility for the overall care of the individual patient and for supervision of any residents involved in the care of that patient.
 - 2. All members are expected to participate in the Morbidity and Mortality and Performance Improvement activities of their Division.
 - 3. All members are expected to adhere to all patient safety initiatives implemented in Perioperative Services and throughout the institution, the Rules and Regulations of the Department of Surgery, the Rules and Regulations of Perioperative Services and the Code of Conduct/Behavior established by the Medical Staff.

V. Rules and Regulations

- A.** Changes in Rules and Regulations may be implemented by the Chair when such Rules and Regulations have received the endorsement of the Medical Executive Committee.
- B.** When conflict exists with Department Rules and Regulations and Policies, the Order of Priority as described in the Medical Staff Bylaws shall govern all issues of interpretation.

DIVISION OF BURN

I. ELIGIBILITY / MEMBERSHIP

- A. Applicants must be initially certified and maintain certification in Surgery or Plastic Surgery in accordance with the Medical Staff Bylaws.
- B. Each member must provide an equal share of burn coverage for trauma / emergency call as per IV-C.
- C. Applicants must have Advanced Burn Life Support certification by the American Burn Association.
- D. Each member is expected to participate in and support the educational mission of the Division.

2. ORGANIZATION

- A. The Division will have a Chief recommended by the Chair of the Department and approved by the Medical Executive Committee and the Boards of Trustees.

3. MEETINGS

- A. Meetings will be held every other month
- B. Members are expected to meet attendance requirements as per IV-D

DIVISION OF CARDIO-THORACIC SURGERY

I. ELIGIBILITY / MEMBERSHIP

- A. Applicants must be initially certified in Surgery in accordance with Medical Staff Bylaws.
- B. Applicants must obtain and maintain board certification in Thoracic Surgery.
- C. Each member must provide an equal share of cardio-thoracic surgery coverage for trauma / emergency call as per IV-C.

II. ORGANIZATION

- A. The Division will have a Chief recommended by the Chair and approved by the Medical Executive Committee and the Boards of Trustees.
- B. In order to optimally provide for quality and process improvement, patient care, and education the Division will have a section of Thoracic Surgery and a Section of Cardiac Surgery.

III. MEETINGS

- A. Meetings will be held every other month
- B. Members are expected to meet attendance requirements as per IV-D

SECTION OF CARDIAC SURGERY

I. ELIGIBILITY / MEMBERSHIP

- A. Member of Division of Cardio-Thoracic Surgery
- B. Major portion of clinical activity in Cardiac Surgery

II. ORGANIZATION

- A. The Section will have a Chief recommended by the Chair and approved by the Medical Executive Committee and the Boards of Trustees.
- B. Section Chief must meet at least annually with the Division Chief and with the Department Chair at his/her request.

III. MEETINGS

- A. Meetings will be held every other month.
- B. Meetings can be held in conjunction with the Division meeting

SECTION OF THORACIC SURGERY

I. ELIGIBILITY / MEMBERSHIP

- A. Member of Division of Cardio-Thoracic Surgery
- B. Major portion of clinical activity in Thoracic Surgery

II. ORGANIZATION

- A. The Section will have a Chief recommended by the Chair and approved by the Medical Executive Committee and the Boards of Trustees.
- B. Section Chief must meet at least annually with the Division Chief and with the Department Chair at his/her request.

III. MEETINGS

- C. Meetings will be held every other month.
- D. Meetings can be held in conjunction with the Division meeting

DIVISION OF COLON AND RECTAL SURGERY

I. ELIGIBILITY / MEMBERSHIP

- A. Applicants must be initially certified in Surgery in accordance with the Medical Staff Bylaws.
- B. Applicants must obtain and maintain board certification in Colon and Rectal Surgery in accordance with the Medical Staff Bylaws.
- C. Each member must provide an equal share of colon and rectal surgery coverage for trauma / emergency call as per IV-C.
- D. Each member is expected to participate in and support the educational mission of the Division

II. ORGANIZATION

- A. The Division will have a Chief recommended by the Chair of the Department and approved by the Medical Executive Committee and the Boards of Trustees.

III. MEETINGS

- A. Meetings will be held every other month
- B. Members are expected to meet attendance requirements as per IV-D

DIVISION OF GENERAL SURGERY

I. ELIGIBILITY / MEMBERSHIP

- A.** Applicants must be initially certified and maintain certification in Surgery in accordance with Medical Staff Bylaws.
- B.** Each member must provide an equal share of surgery coverage for emergency call as per IV-C.

II. ORGANIZATION

- A.** The Division will have a Chief recommended by the Chair and approved by the Medical Executive Committee and the Boards of Trustees.
- B.** In order to optimally provide for quality and process improvement, patient care, and education the Division will have Sections of Surgical Oncology, and Transplantation Surgery

III. MEETINGS

- A.** Meetings will be held every other month
- B.** Members are expected to meet attendance requirements as per IV-D

SECTION OF SURGICAL ONCOLOGY

I. ELIGIBILITY/MEMBERSHIP

- A.** Member of the Division of General Surgery and one of the following:
1. Completion of a Society of Surgical Oncology-approved Fellowship in Surgical Oncology or Breast Surgery or other Cancer related Fellowship
 2. Commitment to Clinical Oncology as demonstrated by meeting all of the following clinical care and educational enhancement activities as they relate to cancer care at LVHN
 - a. Documented evidence of a minimum of 100 cancer cases in the last 12 months as primary surgeon (each cancer case may be documented by one staff surgeon), excluding vascular access cases.
 - b. Attendance at 20 or more general and/or specialty multidisciplinary Tumor Boards each calendar year.
 - c. Membership/participation in national cancer organizations such as the Society of Surgical Oncology, the Society of Breast Surgeons, the Commission of Cancer of the American College of Surgeons, the American Society of Endocrine Surgeons, the Pennsylvania Oncologic Society, the American Cancer Society, etc.
 3. Commitment to cancer research as demonstrated by meeting three or more of the following criteria:
 - a. Active grant funding for a cancer research project.
 - b. Publication of at least one cancer related manuscript per year.
 - c. Serving as an investigator for cancer related basic and/or translational research.
 - d. Serving as an investigator with the NCI, ECOG, ACSOG, or NSABP.

II. ORGANIZATION

- A.** The Section will have a Chief recommended by the Chair and approved by the Medical Executive Committee and the Boards of Trustees.
- B.** Section Chief must meet at least annually with the Division Chief and with the Department Chair at his/her request.

III. MEETINGS

- A.** Meetings will be held every other month

SECTION OF TRANSPLANTATION SURGERY

I. ELIGIBILITY / MEMBERSHIP

- A. Member of Division of General Surgery and
- B. Successful completion of a Transplantation Fellowship

II. ORGANIZATION

- A. The Section will have a Chief recommended by the Chair and approved by the Medical Executive Committee and the Boards of Trustees.
- B. Section Chief must meet at least annually with the Division Chief and with the Department Chair at his/her request.

III. MEETINGS

- A. Meetings will be held every other month.

DIVISION OF HAND SURGERY

I. ELIGIBILITY/MEMBERSHIP

- A.** Applicants must be members of the Division of Burn Surgery, General Surgery, Orthopedics or Plastic Surgery.
- B.** Applicants must be initially certified in accordance with the Rules and Regulations of their primary Division and the Medical Staff Bylaws.
- C.** Applicants must have
 - 1. Successfully completed an accredited fellowship in hand surgery and be board certified/eligible in Surgery of the Hand via Orthopedic, Plastic, or General Surgery board OR
 - 2. Demonstrated a commitment to hand surgery and who are members of either the American Society for Surgery of the Hand or the American Association of Hand Surgery since 1997.
- D.** Each member must provide an equal share of hand surgery coverage for trauma / emergency call as per IV-C.
 - 1. Trauma / emergency call coverage will be provided equally with members of the Divisions of Orthopedic and Plastic Surgery who also have privileges for surgery of the hand but are not members of the Division of Hand Surgery.

II. ORGANIZATION

- A.** The Division will have a Chief recommended by the Chair of the Department and approved by the Medical Executive Committee and the Boards of Trustees.
- B.** The Division of Hand Surgery has a multidisciplinary membership whose surgeons also have membership in another division. Therefore, the Division of Hand is considered a non-voting division.

III. MEETINGS

- A.** Meetings will be held annually.

DIVISION OF NEUROLOGICAL SURGERY

I. ELIGIBILITY / MEMBERSHIP

- A. Applicants must be initially certified and maintain certification in Neurological Surgery in accordance with Medical Staff Bylaws.
- B. Each member must provide an equal share of neurological surgery coverage for trauma / emergency call as per IV-C.

II. ORGANIZATION

- A. The Division will have a Chief recommended by the Chair of the Department and approved by the Medical Executive Committee and the Boards of Trustees.

III. MEETINGS

- A. Meetings will be held every other month.
- B. Members are expected to meet attendance requirements as per IV-D.

DIVISION OF OPHTHALMOLOGY

I. ELIGIBILITY / MEMBERSHIP

- A.** Applicants must be initially certified and maintain certification in Ophthalmology in accordance with Medical Staff Bylaws.
- B.** Each member must provide an equal share of ophthalmology coverage for trauma / emergency call as per IV-C.

II. ORGANIZATION

- A.** The Division will have a Chief recommended by the Chair of the Department and approved by the Medical Executive Committee and the Boards of Trustees.

III. MEETINGS

- A.** Meetings will be held quarterly.
- B.** Members are expected to meet attendance requirements as per IV-D.

DIVISION OF ORAL AND MAXILLOFACIAL SURGERY

I. ELIGIBILITY / MEMBERSHIP

- A. Applicants must be initially certified and maintain certification in Oral and Maxillofacial Surgery in accordance with Medical Staff Bylaws.
- B. Each member must provide an equal share of oral and maxillofacial surgery coverage for trauma / emergency call as per IV-C.

II. ORGANIZATION

- A. The Division will have a Chief recommended by the Chair of the Department and approved by the Medical Executive Committee and the Boards of Trustees

III. MEETINGS

- A. Meetings will be held every quarterly.
- B. Members are expected to meet attendance requirements as per IV-D.

DIVISION OF ORTHOPEDIC SURGERY

I. ELIGIBILITY / MEMBERSHIP

- A. Applicants must be initially certified and maintain certification in Orthopedic Surgery in accordance with the Medical Staff Bylaws.
- B. Each member must provide an equal share of orthopedic surgery coverage for trauma / emergency call as per IV-C.

II. ORGANIZATION

- A. The Division will have a Chief recommended by the Chair of the Department and approved by the Medical Executive Committee and the Boards of Trustees.
- B. In order to optimally provide for quality and process improvement, patient care, and education the Division will have sections of Foot and Ankle Surgery and Ortho Trauma

III. MEETINGS

- A. Meetings will be held every month
- B. Members are expected to meet attendance requirements as per IV-D

SECTION OF FOOT AND ANKLE SURGERY

I. ELIGIBILITY / MEMBERSHIP

- A. Member of Division of Orthopedic Surgery and
- B. Successful completion of a Fellowship in Foot and Ankle Surgery

II. ORGANIZATION

- A. The Section will have a Chief recommended by the Chair and approved by the Medical Executive Committee and the Boards of Trustees.
- B. Section Chief must meet at least annually with the Division Chief and with the Department Chair at his/her request.

III. MEETINGS

- A. Meetings will be held quarterly.

SECTION OF ORTHOPEDIC TRAUMA

I. ELIGIBILITY / MEMBERSHIP

- A. Member of Division of Orthopedic Surgery and
- B. Successful completion of a Fellowship in Orthopedic Trauma

II. ORGANIZATION

- A. The Section will have a Chief recommended by the Chair and approved by the Medical Executive Committee and the Boards of Trustees.
- B. Section Chief must meet at least annually with the Division Chief and with the Department Chair at his/her request.

III. MEETINGS

- A. Meetings will be held every other month and may be in conjunction with meetings of the Division of Trauma and Critical Care Surgery.

DIVISION OF OTOLARYNGOLOGY-HEAD & NECK SURGERY

I. ELIGIBILITY / MEMBERSHIP

- A. Applicants must be initially certified and maintain certification in Otolaryngology in accordance with the Medical Staff Bylaws
- B. Each member must provide an equal share of oral and maxillofacial surgery coverage for trauma / emergency call as per IV-C.

II. ORGANIZATION

- A. The Division will have a Chief recommended by the Chair of the Department and approved by the Medical Executive Committee and the Boards of Trustees

III. MEETINGS

- A. Division Meetings will be held quarterly.
- B. Members are expected to meet attendance requirements as per IV-D.

DIVISION OF PEDIATRIC SURGICAL SPECIALTIES

I. ELIGIBILITY / MEMBERSHIP

- A. Applicants must be initially certified in Surgery or Urology in accordance with Medical Staff Bylaws.
- B. Each member must provide an equal share of Pediatric Surgical Specialty coverage for trauma / emergency call as per IV-C.

II. ORGANIZATION

- A. The Division will have a Chief recommended by the Chair of the Department and approved by the Medical Executive Committee and the Boards of Trustees
- B. In order to optimally provide for quality and process improvement, patient care, and education, the Division will have sections of Pediatric Surgery and Pediatric Urology.

III. MEETINGS

- A. Meetings will be held every other month.
- B. Members are expected to meet attendance requirements as per IV-D.

SECTION OF PEDIATRIC SURGERY

I. ELIGIBILITY / MEMBERSHIP

- A. Member of Division of Pediatric Surgical Specialties and
- B. Initially certified and maintain certification in Pediatric Surgery.

II. ORGANIZATION

- A. The Section will have a Chief recommended by the Chair and approved by the Medical Executive Committee and the Boards of Trustees.
- B. Section Chief must meet at least annually with the Division Chief and with the Department Chair at his/her request.

III. MEETINGS

- A. Meetings will be held with the Division meeting.

SECTION OF PEDIATRIC UROLOGY

I. ELIGIBILITY / MEMBERSHIP

- A. Member of Division of Pediatric Surgical Specialties

II. ORGANIZATION

- A. The Section will have a Chief recommended by the Chair and approved by the Medical Executive Committee and the Boards of Trustees.
- B. Section Chief must meet at least annually with the Division Chief and with the Department Chair at his/her request.

III. MEETINGS

- A. Meetings will be held with the Division meeting.

DIVISION OF PLASTIC SURGERY

I. ELIGIBILITY / MEMBERSHIP

- A. Applicants must be initially certified and maintain certification in Plastic Surgery in accordance with the Medical Staff Bylaws.
- B. Each member must provide an equal share of plastic surgery coverage for trauma / emergency call as per IV-C.

II. ORGANIZATION

- A. The Division will have a Chief recommended by the Chair of the Department and approved by the Medical Executive Committee and the Boards of Trustees.

III. MEETINGS

- A. Meetings will be held every other month.
- B. Members are expected to meet attendance requirements as per IV-D.

DIVISION OF PODIATRIC SURGERY

I. ELIGIBILITY / MEMBERSHIP

- A. Applicants must be initially certified and maintain certification in Podiatric Surgery or Podiatric Medicine, in accordance with the Medical Staff Bylaws.
- B. Each member must provide an equal share of plastic surgery coverage for trauma / emergency call as per IV-C.

II. ORGANIZATION

- A. The Division will have a Chief recommended by the Chair of the Department and approved by the Medical Executive Committee and the Boards of Trustees.

III. MEETINGS

- A. Meetings will be held every other month.
- B. Members are expected to meet attendance requirements as per IV-D.

DIVISION OF SPINE

I. ELIGIBILITY / MEMBERSHIP

- A.** Applicants must be initially certified and maintain certification in Orthopedic Surgery or Neurological Surgery in accordance with the Medical Staff Bylaws.
 - 1. Applicants must have completed at least one year of Fellowship training in spinal surgery OR.
 - 2. Have an equivalent amount of training/experience in complex spinal surgery, as determined by the Chair of the Department of Surgery, upon the advice of the Division Chief.
- B.** Each member must provide an equal share of spine surgery coverage for trauma/emergency call as per IV-C.

II. ORGANIZATION

- A.** The Division will have a Chief recommended by the Chair of the Department and approved by the Medical Executive Committee and the Boards of Trustees.
- B.** The Division of Spine has a multidisciplinary membership whose surgeons also have membership in another division. Therefore, the Division of Spine is considered a non-voting division.

III. MEETINGS

- A.** Meetings will be held monthly.
- B.** Members are expected to meet attendance requirements as per IV-D.

DIVISION OF TRAUMA-SURGICAL CRITICAL CARE

I. ELIGIBILITY / MEMBERSHIP

- A.** Applicants must be initially certified and maintain certification in Surgery and Surgical Critical Care in accordance with Medical Staff Bylaws.
- B.** Trauma Team Leader Privileges must meet the qualifications for trauma care personnel recommended by the American College of Surgeons Committee on Trauma. Their credentials are approved by the Chair of Surgery upon review and recommendation by the Chief of the Division of Trauma and Surgical Critical Care.
- C.** Members must maintain current certification in Advanced Trauma Life Support.
- D.** Each member must provide an equal share of trauma surgery coverage for trauma/emergency call as per IV-C.

II. ORGANIZATION

- A.** The Division will have a Chief recommended by the Chair of the Department and approved by the Medical Executive Committee and the Boards of Trustees.
- B.** In order to optimally provide for quality and process improvement, patient care, and education the Division will have sections of Pediatric Trauma *and* Geriatric Trauma and Trauma Research.

III. MEETINGS

- A.** Meetings will be held monthly.
- B.** Members are expected to meet attendance requirements as per IV-D.

SECTION OF GERIATRIC TRAUMA

I. ELIGIBILITY / MEMBERSHIP

- A. Member of Division of Trauma and Surgical Critical Care

II. ORGANIZATION

- A. The Section will have a Chief recommended by the Chair and approved by the Medical Executive Committee and the Boards of Trustees.
- B. Section Chief must meet at least annually with the Division Chief and with the Department Chair at his/her request.

III. MEETINGS

- A. Meetings will be held quarterly and may occur with the Division meeting.

SECTION OF PEDIATRIC TRAUMA

I. ELIGIBILITY / MEMBERSHIP

- A. Member of Division of Trauma and Surgical Critical Care

II. ORGANIZATION

- A. The Section will have a Chief recommended by the Chair and approved by the Medical Executive Committee and the Boards of Trustees.
- B. Section Chief must meet at least annually with the Division Chief and with the Department Chair at his/her request.

III. MEETINGS

- A. Meetings will be held quarterly and may occur with the Division meeting.

SECTION OF TRAUMA RESEARCH

I. ELIGIBILITY / MEMBERSHIP

- A. Member of Division of Trauma and Surgical Critical Care.

II. ORGANIZATION

- A. The Section will have a Chief recommended by the Chair and approved by the Medical Executive Committee and the Boards of Trustees.
- B. Section Chief must meet at least annually with the Division Chief and with the Department Chair at his/her request.

III. MEETINGS

- A. Meetings will be held quarterly and may occur with the Division meeting.

DIVISION OF UROLOGY

I. ELIGIBILITY / MEMBERSHIP

- A.** Applicants must be initially certified and maintain certification in Urology in accordance with the Medical Staff Bylaws
- B.** Each member must provide an equal share of urology coverage for trauma/ emergency call as per IV-C.

II. ORGANIZATION

- A.** The Division will have a Chief recommended by the Chair of the Department and approved by the Medical Executive Committee and the Boards of Trustees.

III. MEETINGS

- A.** Meetings will be held every month.
- B.** Members are expected to meet attendance requirements as per IV-D.

DIVISION OF VASCULAR AND ENDOVASCULAR SURGERY

I. ELIGIBILITY / MEMBERSHIP


- A.** Applicants must be initially certified in Surgery and/or Vascular Surgery in accordance with the Medical Staff Bylaws.
1. Applicants completing General Surgery Residency in the 2006-7 academic year or thereafter AND completing an accredited Vascular Surgery fellowship may apply for Vascular Surgery certification without General Surgery certification.
 2. Applicants completing General Surgery Residency prior to 2006- must demonstrate additional training in vascular surgery as evidenced by at least one of the following:
 - a. Successful completion of a Residency Review Committee approved training program in General Vascular Surgery.
 - b. Successful completion of a Society for Vascular Surgery/ International Society for Cardiovascular Surgery Post Graduate Education Examination Council recognized fellowship in General Vascular Surgery.
 - c. Successful completion of a Cardiothoracic Training Program with documentation from the Program Director that the program is RRC-approved for General Vascular Surgery, thus making the applicant eligible for the Certification of Added Qualifications in General Vascular Surgery.
 - d. Certificate of Added Qualifications in General Vascular Surgery
 - e. Successful completion of a dedicated one-year senior-level experience (PGY-6 or greater) in General Vascular Surgery, including evidence of performance of a balanced case mix of ≥ 70 category I and II arterial reconstructions attested to by the Program Director AND written verification of the Program Director attesting to the applicant's qualifications to practice Vascular Surgery.
- B.** Each member must provide an equal share of vascular surgery coverage for trauma / emergency call as per IV-C.

II. ORGANIZATION

- A.** The Division will have a Chief recommended by the Chair of the Department and approved by the Medical Executive Committee and the Boards of Trustees.

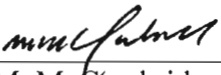
III. MEETINGS

- A. Meetings will be held every other month.
- B. Members are expected to meet attendance requirements as per IV-D.



Thomas V. Whalen, MD
Chair, Department of Surgery

10/16/2009
Date



Matthew M. McCambridge, MD
President, Medical Staff

10/17/2009
Date

Revised: 9/2009
Approved by MEC: 10/06/2009