



KETTERING MEDICAL CENTER

CRITERIA FOR INTERSTIM SACRAL MODULATION FOR URINARY CONTROL THERAPY

In order to be eligible to request clinical privileges, an applicant must meet the following minimum threshold criteria:

- **Basic Education:** The applicant must have successful completion of an ACGME/AOA-accredited urology residency training program and be Board-certified or Board-eligible in urology. The applicant would be expected to already have privileges for endoscopic diagnostic and therapeutic procedures of the urinary bladder, urethra and upper tracts.
- **Minimum Formal Training:**
 - a. Successful completion of an approved internet-based training program or 3 day didactic course on urinary control therapy. Copy of attendance certificate must be provided, and
 - b. Successful completion of proctoring on at least two test stimulations and two implants, or
 - c. Have a letter of support from a residency training program or a supervising physician or peer from another facility where the applicant previously performed Interstim Sacral Modulation.
- **Proctoring:** All applicants, if approved, will be given time-limited provisional privileges for a period not to exceed one year. During this provisional period, the first 2 cases will be proctored and/or reviewed for quality outcomes. It is the applicant's responsibility to provide a list of proctored or reviewed cases to the credentials committee. Once the proctored cases are reviewed, the credential committee may recommend that the applicant relinquish privileges, perform further proctoring or receive unrestricted privileges. If the applicant does not perform 2 proctored/reviewed cases within one year of receiving provisional privileges, a renewal must be requested.
- **Reappointment:** Applicants must demonstrate that they have maintained competence through experience or continued medical education in urinary control therapy.

Requested

Recommended

Privileges

Interstim Sacral Modulation Urinary Control Therapy

I hereby apply for the above privileges and attest to my competency to perform same.

_____ Date: _____

Approved:

Credentials 12/02/02

MEC 00/00/00