



Continuing Surgical Education Committee

Proposed Model for Credentialing New Surgical Procedures

Gynecologic surgery, like all areas of medical practice, continues to evolve. New research findings and new techniques impact how gynecologists practice. As evidence accumulates to support improved efficacy or improved safety of new surgical techniques, these procedures should become part of the repertoire of gynecologists practicing within our department.

Of all continuing medical education, the acquisition of new surgical skills is perhaps the most problematic. Recognizing the obstacles to developing new surgical techniques, the Department of Obstetrics and Gynecology strives to support its faculty members who are trying to acquire new surgical skills that have proven efficacy and safety. Ultimately this leads to better patient care and enhances our educational mission. This must be balanced by our fiduciary responsibility to patients through balancing the development of new surgical techniques with optimization of the quality of patient care including maximizing patient safety.

Towards this end, the Continuing Surgical Education Committee proposes the following process for credentialing faculty members pursuing privileges in new surgical techniques. Since credentialing occurs at the institutional level, each academic site will need to define the process for that site, but should base it on the proposed model. Similarly, each site should develop a Preceptor Program that will meet the continuing surgical educational needs of the faculty members at that site. These will be the responsibilities of the Site Head.

Surgeons seeking privileges for new surgical techniques will enter a Preceptor Program that will ensure patient care and safety while the surgeon is developing the new skills.

PRECEPTOR PROGRAM

The Preceptor Program provides a mechanism for practicing surgeons to enhance their surgical repertoire under the mentorship of a colleague with experience in the new technique. Surgeons entering the Preceptor Program will self-select and notify the Site Head of their interest in developing skills in a new procedure. (See Preceptor Program Document for further details)

Prerequisites For Entering Preceptor Program

Any surgeon who would like to enter this preceptor program should fulfill the following criteria for the new surgical technique prior to acceptance into the preceptor program:

1. The physician should be able to demonstrate knowledge of related anatomy and pathophysiology of the surgical disorder treated by the new surgical technique. This could be demonstrated by documented participation in CME courses, fellowship training, or independent study. For the latter category, the surgeon should be prepared to demonstrate their fund of knowledge. This requirement



specifically applies to procedures with new devices, anatomical approaches, or procedures. It is assumed that gynecologic procedures previously done by laparotomy will not require formal didactic training in anatomy and pathophysiology in order to perform the same technique from a laparoscopic approach. It may however require knowledge of specific surgical equipment not previously used.

2. The physician should demonstrate adequate clinical volume of the surgical disorder to permit maintenance of surgical skills. This should be sufficient to produce at least 6 cases per year of patients with the surgical disorder to be treated by the new surgical technique.

Elements of the Preceptor Program

1. Once accepted to the preceptor program, the surgeon will schedule their patients with one of the identified preceptors for the specific surgical technique for which they desire privileges. They will continue to schedule cases with a preceptor until one of the preceptors attests that they have demonstrated the ability to perform the surgery independently.
2. It is recognized that there are different levels of surgical skills and consequently, prior to scheduling cases with a preceptor the surgeon should initiate a conversation with a preceptor about the reality of their expectations and any prerequisites skill development that they should pursue.
3. The Preceptor will provide specific feedback to the surgeon based on Objective Structured Assessment Technical Skills (OSATS) criteria and suggest a curriculum for improvement of skills when indicated.
4. Different surgeons will develop independent skills for a given surgical technique at different speeds. Therefore, the number of cases that need to be performed in the preceptor program will vary by surgeon and surgical technique. Final determination of the ability to do procedures independently will be the preceptor's responsibility.
5. Any preceptor identified for the specific surgical technique can approve the surgeon as competent in the new surgical technique. Therefore a surgeon seeking privileges for a new technique does not need to schedule all of their cases with a single preceptor. Surgeons who disagree with the decision of one preceptor are encouraged to schedule future cases with a different preceptor.

CREDENTIALING PROCESS

The Credentialing Process offers a method for surgeons to enter the Preceptor Program and translate the experience gained into surgical privileges.



Implementing a Preceptor Program will require the establishment of clearly defined procedures for enrolling in the preceptor program, documenting progress and successfully completing the requirements to achieve credentialing. While Site Heads will be responsible for establishing this process, the Continuing Surgical Education Committee has provided templates for both the Preceptor Program and the Credentialing Process. The Site Head will also be responsible for enlisting appropriate mentors to meet the needs of the faculty members at their site and insuring that the preceptors are appropriately rewarded for their efforts. This may require enlisting surgical preceptors from other departmental sites. The cases done with a preceptor do not need to be done at any specific site.

Credentialing

1. Surgeons who have been approved by a preceptor as able to perform the procedure independently should be given provisional privileges for that procedure.
2. For surgeons with surgical privileges at multiple sites, the site heads should honour the decisions of preceptors from different UBC sites in concluding that a surgeon can perform a new procedure independently.
3. Following approval of a surgeon for a new technique, recredentialing should be based on a review of outcomes and complications during a two-year probationary period.

Delineation of Privileges

The CSEC notes the absence of a departmental process for delineating privileges for specific surgical procedures, and the absence of hospital processes for insuring that a given surgeon has privileges in a given procedure prior to posting and performing the surgery. We perceive this as a potential obstacle to the implementation of this program as it implies that participation in the Preceptor Program is voluntary. The UBC department should consider developing a program for delineation of privileges for specific surgical procedures or categories of surgical procedures.