

**SHADY GROVE ADVENTIST HOSPITAL  
DEPARTMENT OF SURGERY  
RULES AND REGULATIONS**

**I. Purpose**

The Department of Surgery is organized for the purpose of supervising the professional activities of the surgeons who provide care to patients at Shady Grove Adventist Hospital. Its objective is to secure the highest standards of surgical care for those patients, to assist in continuing professional education of the members of the department and to provide an organizational relationship between the members of this department and the members of other departments of the hospital staff.

**II. Organization of the Department**

The Department of Surgery shall consist of the following sections of surgery:

- a. General Surgery
- b. Neurosurgery
- c. Ophthalmology
- d. Oral and Maxillofacial Surgery
- e. Orthopedic Surgery
- f. Otolaryngology
- g. Plastic Surgery
- h. Thoracic Surgery
- i. Urology
- j. Vascular Surgery

Other sections may be organized as the interest and need demands. The Department of Surgery will govern itself in accordance with the rules and regulations of SGAH.

A division of staff affiliates will be developed in the Department of Surgery as outlined under the Bylaws of the general medical staff to accommodate such paramedical groups as dentists and podiatrists.

In the event of a conflict between the Medical Staff Bylaws and the rules and regulations of the Department of Surgery, the Bylaws of the medical staff will prevail.

Sections of the department will draw up their own rules and regulations as needed for organization of their specialty. They will be subject to the approval of the Medical Executive Committee.

**A. ELIGIBILITY**

Eligibility for membership in the Department of Surgery of SGAH will be as outlined under the rules and regulations of the Medical Staff Bylaws. Active staff membership will require the individual surgeon to show adequate training and experience in his field. Board certification in the appropriate specialty by a specialty board recognized by the American Board of Specialties, Inc. will be required within five years after conclusion of residency training. In certain exceptional circumstances, the requirement of board certification may be waived where the applicant shows outstanding experience and command of the specialty.

**B. SELECTION OF MEMBERS**

Members are selected with duties and privileges defined according to The Bylaws of The Medical and Affiliate Staff of the Hospital.

The Medical Staff consists of the following divisions: Active, Provisional, Community, Courtesy, Consulting and Emeritus Medical Staff.

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**C. DUTIES OF MEMBERS**

The Active Staff members of The Department of Surgery are responsible for the welfare of all service patients entrusted to their care. They also have the responsibility for performing all departmental organizational and administrative duties pertaining to The Medical Staff. The Members of the Active Staff are entitled to vote at all such meetings, unless otherwise specified at any time by the Bylaws. Members of the Active Staff may hold elective offices in The Department of Surgery as well as on the Medical Staff.

The Provisional Staff members may be assigned to, but not chair Departmental Committees. The members of The Provisional Staff may not vote at the Departmental Meetings. They may serve on hospital committees.

The Courtesy Staff members are not eligible to vote, or hold office and are not required to attend meetings or serve on committees.

Members of the Community Staff shall consist of those physicians who are requesting medical staff membership with no delineated clinical privileges. They may not vote or hold elective office.

Members of the Consulting Medical Staff shall not vote, hold office or serve on committees.

Members of The Emeritus Medical Staff are members of the Active Staff and are eligible to vote, hold office, serve on The Medical Staff and Departmental Committees, and may have assigned duties if they so desire.

Surgical Allied Health Practitioners - shall be dental assistants, vascular technologists, physician assistants, audiologists, certified registered nurse first assistants, and surgical assistants. They must have an agreement between them and an active member of the Department of Surgery who will supervise their actions. This agreement must be on file with the Medical Staff Office and the State of Maryland Board of Physicians.

**D. EMERGENCY ROOM CALL SCHEDULE**

The Emergency Room On-Call Schedule regulations will be determined by the individual section of the department.

The above delineations are in consonance with the Bylaws. Article IV, Sections 1 through 6. They are to be superseded by any future amendments to The Bylaws. Attendance requirements are as specified in The Bylaws, Article XII, Section 5.

**E. APPOINTMENT**

Appointment and Reappointment to the Department of Surgery and the Medical Staff in general are to be decided by Chair of the Department of Surgery, the Subsection Chairs as applicable, the Credentials Committee, and are to be operative as outlined in The Bylaws, Article V.

**F. PROMOTION**

In order to be promoted to or maintained on the Active Staff, each individual must have a minimum of 25 patient contacts per year.

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**G. OFFICERS**

The officers of The Department of Surgery shall be elected annually by the members of The Active Staff of the Department in accordance with The Bylaws, Article X, and Section 3.

1. Chair

The Chair of the Department of Surgery shall be a member of The Active Staff, who is qualified by training, experience and demonstrated leadership ability for the position. The Chair is to be elected for a one-year term and shall not be elected for more than two consecutive terms.

Duties of Officer:

The duties of the Chair are as follows:

Duties of the departmental chairs are those contained in ARTICLE X, Section 6, of the Medical Staff Bylaws.

In addition, he/she shall keep accurate and complete minutes of all departmental meetings and be responsible for initiating and recording official correspondence for the Department of Surgery.

2. Vice Chair

The Vice Chair shall be a member of the Active Staff. He/she will serve as alternate to The Chair of The Department of Surgery either when requested by the Chair or during absence of the Chair. He shall perform such duties as may be delegated to him by the Chair.

3. Secretary (if appointed/nominated)

The Secretary shall be a member of the Active Staff. He/she shall keep minutes of the Departmental Meetings, be responsible for initiating and recording official correspondence of the Department of Surgery, and will maintain an accounting of Departmental Funds. In addition, he shall perform such duties as may be delegated to him by the Chair.

**H. REMOVAL OFFICERS FROM THEIR POSITION**

An Officer of the Department may be removed at any regular meeting at which a quorum is present or at any special meeting on notice, by a two-thirds vote of those active members of the Department present. Such removal shall become effective when approved by the Governing Board.

The presence of 50% of the total number of active members of the Department at any regular or special meeting shall constitute a quorum, for the purpose of removal of the Chair.

**I. CME REQUIREMENTS**

Each member of the Department of Surgery fulfills the continuing medical education requirements as specified by the Maryland Board of Physician Quality Assurance and agrees to abide by Maryland State Law regarding Continuing Medical Education (CME) requirements.

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**J. BOARD CERTIFICATION REQUIREMENTS**

Board Certification Status: Effective May 21, 2000, new MD, DO, DPM, and DMD/DDS (Oral Surgeons only) applicants to the medical and affiliate staff must be board certified or board admissible. Effective June 27, 2005, all MD, DO, DPM, and DMD/DDS (Oral Surgeons Only) applicants who completed their residency program after January 1, 1990 must be board certified or board admissible by the appropriate Board recognized by the American Board of Medical Specialties or by the American Board of Oral and Maxillofacial Surgery or by the American Board of Podiatric Surgery pertinent to their field of expertise and request for privileges. Effective August 30, 2006, the American Osteopathic Association Boards (AOA) are considered equivalent to the American Board of Medical Specialties (AMBS) Boards for the purposes of credentialing and are accepted for membership and privileges. In the case of new applicants who are graduates from residency/fellowship programs and are board admissible, board certifications must be achieved within 5 years of completion of their residency/fellowship. Failure to achieve certification within the 5-year grace period will result in automatic termination of medical staff membership and clinical privileges at reappointment anniversary.

Board Recertification: Effective January 1, 2006, all new applicants who have completed residency in the year 2005 or after must comply with the re-certification requirements of their Board in their primary area of practice.

**III. DEPARTMENTAL SUBSECTIONS**

- A. The Department of Surgery may form subsections of subspecialties when deemed necessary by the department, Article X, Section 7.
- B. Formation of each subsection will be approved by vote of the Department of Surgery. Each subsection shall propose its own rules of governance, which shall be approved by the Department of Surgery and the Bylaws Committee.
- C. Each subsection will function in an advisory role to the Department of Surgery concerning subspecialty issues, i.e (special procedures, education, quality assurance, credentials).
- D. The members of each subsection shall consist of all Active members of the department whose credentials have been approved for subspecialty privileges.
- E. Meetings of all subspecialty subsections will be held on a needed basis or at the request of the Department Chair. When a meeting is held, minutes will be kept and reviewed at the next full Departmental meeting. All subsection recommendations must be approved by Departmental vote.

**IV. DEPARTMENTAL MEETINGS**

- A. The Department of Surgery shall hold regular meetings and be in accordance with the Medical Staff Bylaws, Article XIII, in the conduction of these meetings.
- B. The agenda of all regular staff meetings shall be:
  - a) call to order ;
  - b) acceptance of minutes of regular and all special meetings;
  - c) old business;
  - d) new business;
  - e) review and analysis of clinical work of Department, and;
  - f) adjournment.
- C. Agenda of any special meeting shall be as described in the Medical Staff Bylaws, Article XII, 6b.
- D. All Section Chairs or a designee must attend 50% of the department meetings in order to share information with their sections, or another Section Chair will be appointed.

**V. COMMITTEES**

All committee activity necessary for supervision of activities of members of the Departments and for quality improvement purposes will be conducted by all members of the Department as members of the committee, or by subcommittees appointed by all members.

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**A. Nominating Committee**

This committee shall be formed as per Bylaws Article X; Section 3.

This committee shall be formed of the following:

1. The two most immediate past Chair of the department of which the senior will be the Chair. If the immediate past chairmen are not available, the President of the Medical Staff may appoint suitable substitutes.
2. Three (3) Active Staff members of the department elected at the September departmental meeting.

The Nominating Committee shall meet and nominate one (1) Medical Staff member for each office in the department. These names will be circulated to the Active members of the Department at least four (4) weeks prior to the November meeting of the department, at which meeting, the election will be held.

Twenty percent (20%) of the Active Staff members of the department may place another name in nomination for any departmental office by petition presented to the Medical Staff Office no less than two (2) weeks prior to the date of the election.

Thereafter, the nominations shall be closed. The names of the members of the staff so nominated shall be posted and circulated to the Active Staff members of the department no less than ten (10) days prior to election.

**VI. PROCEDURE TO AMEND OR REPEAL THE RULES AND REGULATIONS OF THE DEPARTMENT OF SURGERY**

The rules and regulations of the Department of Surgery may be amended or repealed at any regular meeting at which a quorum is present or at any special meeting on notice, by a vote of the majority of those active members of the Department present. Such changes shall become effective when approved by the Governing Body.

The presence of 50% of the total number of active members of the Department at any regular or special meeting shall constitute a quorum, for the purpose of amending or repealing the rules and regulations of the Department.

These rules and regulations may be amended or repealed after submission of a proposal at any regular or special meeting of the Department.

To be adopted, amendments and repeals shall require a two-thirds vote of the active members present and representing a quorum.

**VII. CARE OF RELATIVES**

As per the Medical Staff Rules and Regulations, no member of the Medical Staff shall serve as attending physician, perform procedures, or act as an official consultant for members of his or her immediate family at Shady Grove Adventist Hospital.

**VIII. SURGICAL ASSISTANTS**

Surgical assistants shall conform to the guidelines of the American College of Surgeons modified by use and custom in practice in the Washington Metropolitan area and in keeping with the laws of the State of Maryland. At present the Department of Surgery recognizes the following categories as acceptable: 1. members of the Department of Surgery; 2. residents in training; 3. surgically trained physician's assistants; 4. surgically trained house officers; and 5. individuals who having met the training requirement of a surgical board are credentialed by the Department of Surgery.

**IX. ANNUAL/BIANNUAL MEDICAL STAFF DUES**

All medical staff members are required to pay annual/biannual medical staff dues (with the exception of Emeritus Status members). Please note there is no refund of medical staff dues.

Revised: 11/10/99; 11/04; 07/27/05; 3/28/07; 6/27/07