

Title: STRESS TEST PRIVILEGE CRITERIA

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Approver(s): Karyn Delgado, Teresa Onken	Date Approved with no Changes: 12/19/2018	Date Approved: 12/19/2018 03/01/1994
Location: Saint Joseph Regional Medical Center (SJRMC)		Department: Medical Staff Services

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POLICY:

1. Credentialing Requirements for Stress Test Interpretation Privileges (Complete one or more of the following four categories).
 - A. Successful completion of a Cardiology Fellowship or
 - B. Board certification in Internal Medicine or Family Medicine with at least four weeks of formal training in stress testing and documentation of the interpretation of at least 25 stress tests, or
 - C. For those physicians without formal training in stress testing, proof of post-graduate training and experience may be accepted in lieu of formal residency training. This post-graduate training could include didactic courses, workshops, personal tutorials, or any training under the supervision of a qualified physician. Documentation of the interpretation of at least 25 stress tests will be required.
 - D. For physicians who have already been reading stress tests in other hospitals or other practice settings, documentation of the interpretation of at least 50 stress tests will be required. A copy of the interpretation of the test will suffice as documentation.

2. Credentialing Requirements for Stress Supervision (Complete on one or more of the following four categories):
 - A. Successful completion of a Cardiology Fellowship or
 - B. Successful completion of any residency which included at least four weeks of formal training in stress testing and documentation of the supervision of at least 25 stress tests, or
 - C. For those who finished their residency training without formal training in stress testing, proof of post-graduate training and experience may be accepted in lieu of formal residency training. This post-graduate training could include didactic courses, workshops, personal tutorials, or any training under the supervision of a qualified physician. Documentation of the supervision of at least 25 stress tests will be required.
 - D. For physicians who have already been supervising stress tests in other hospitals or other practice settings, documentation of the supervision of at least 50 stress tests will be required.

3. Credentialing Requirements for Stress Test Performance (see appendix)
 - A. Current physicians license in the State of Indiana or
 - B. Current Indiana State license as a Registered Nurse, Advanced Practice Nurse, or Physician's Assistant, EMT, Paramedic or Exercise Physiologist and
 - C. Current ACLS certification
 - D. Current supervision contract with an active physician on staff at SJRMC as required under Indiana State Code.

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- E. Validation of specialized training in stress testing and documentation of the performance of at least 25 stress tests, **or**
- F. Train with another SJHS physician who has Stress Test Performance credentialing, to acquire the 25 stress tests.
- G. The doctor must perform a minimum of five stress tests a year, either at this institution, or the sum of those done at this institution and in other practice settings. If the physician does not maintain five stress tests a year, that physician must reapply for privileges the next year and must be proctored for at least five tests.
- H. Practitioners in section 3. B must perform a minimum of twenty five stress tests a year, either at this institution, or the sum of those done at this institution and in other practice settings. If they do not maintain twenty-five stress tests a year, that individual must reapply for privileges the next year and must be proctored for at least five tests.

APPENDIX

The following information is taken from the American College of Cardiology/American Heart Association

Clinical Competence Statement on Stress Testing, October 2002.

“In most patients, exercise testing can be safely supervised by properly trained nurses, physician assistants, exercise physiologists, physical therapists, or medical technicians working under the direct supervision of the physician, who should be in the immediate vicinity or on the premises or the floor and available in case of emergency situations (3,4).”

TABLE 1. Cognitive Skills Needed to Competently Perform Exercise Tests

- I. Cognitive skills needed to competently supervise exercise tests
 - A. Knowledge of appropriate indications for exercise testing
 - B. Knowledge of alternative physiological cardiovascular tests
 - C. Knowledge of appropriate contraindications, risks, and risk assessment of testing (not limited to Bayes’ theorem and sensitivity/specificity, including concepts of absolute and relative risk)
 - D. Knowledge to promptly recognize and treat complications of exercise testing
 - E. Competence in cardiopulmonary resuscitation and successful completion of an AHA-sponsored course in advanced cardiovascular life support and renewal on a regular basis
 - F. Knowledge of various exercise protocols and indications for each
 - G. Knowledge of basic cardiovascular and exercise physiology, including hemodynamic response to exercise
 - H. Knowledge of cardiac arrhythmias and the ability to recognize and treat serious arrhythmias
 - I. Knowledge of cardiovascular drugs and how they can affect exercise performance, hemodynamics, and the ECG
 - J. Knowledge of the effects of age and disease on hemodynamic and ECG responses to exercise

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- K. Knowledge of principles and details of exercise testing, including proper lead placement and skin preparation
- L. Knowledge of end points of exercise testing and indications to terminate exercise testing
- II. Additional cognitive skills needed to competently interpret exercise tests
 - A. Knowledge of specificity, sensitivity, and diagnostic accuracy of exercise testing in different patient populations
 - B. Knowledge of how to apply Bayes' theorem to interpret test results
 - C. Knowledge of electrocardiography and changes in the ECG that may result from exercise, hyperventilation, ischemia, hypertrophy, conduction disorders, electrolyte disturbances, and drugs
 - D. Knowledge of conditions and circumstances that can cause false-positive, indeterminate, or false-negative test results
 - E. Knowledge of prognostic value of exercise testing
 - F. Knowledge of alternative or supplementary diagnostic procedures to exercise testing and when they should be used
 - G. Knowledge of the concept of metabolic equivalent (MET) and estimation of exercise intensity in different modes of exercise

References/Standards:

- Policy Origin Date: March 1994
- Review Date: December 2009, December 2012, December 2015, December 2018
- Revised Date: December 2006, June 2017
- Effective Date: March 1994
- Reviewed/Recommended By: Medical Executive Committee
- Policy 7