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Printed Name

## Clinical Privileges Profile Plastic Surgery

### Kettering Medical Center System

Kettering Medical Center       Sycamore Medical Center

**Applicant:** Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Clinical Service Chief:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

#### **Other Requirements**

1. Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

#### **QUALIFICATIONS FOR PLASTIC SURGERY**

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**To be eligible to apply for core privileges in plastic surgery, the initial applicant must meet the following criteria:**

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in plastic surgery.

AND/OR

Current certification or active participation in the examination process with achievement of certification within six years leading to certification in plastic surgery by the American Board of Plastic Surgery or the American Osteopathic Board of Surgery in Plastic and Reconstructive Surgery.

**Required previous experience:** Applicants for initial appointment must be able to demonstrate the performance of at least 100 plastic surgery procedures, reflective of the scope of privileges requested, during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

**Reappointment requirements:** To be eligible to renew core privileges in plastic surgery, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience in plastic and reconstructive surgery procedures with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

## CORE PRIVILEGES

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### PLASTIC SURGERY CORE PRIVILEGES

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- Requested** Admit, evaluate, diagnose, provide consultation to patients of all ages presenting with congenital or acquired defects of the body's musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast and trunk, and external genitalia and soft tissue, including the aesthetic management. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

### QUALIFICATIONS FOR SURGERY OF THE HAND

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***To be eligible to apply for core privileges in surgery of the hand, the initial applicant must meet the following criteria:***

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in orthopedic, plastic or general surgery and successful completion of an accredited fellowship in surgery of the hand.

AND

Current certification or active participation in the examination process with achievement of certification within six years leading to certification within specified specialty (i.e. orthopedics, plastic surgery or general surgery).

OR

Current subspecialty certification in surgery of the hand by either the American Board of Surgery, or Plastic Surgery; or Certificate of Added Qualifications in Surgery of the Hand by the American Board of Orthopedic Surgery; or Certificate of Added Qualifications in Hand Surgery by the American Osteopathic Board of Orthopedic Surgery.

***Required previous experience:*** Applicants for initial appointment must be able to demonstrate performance of surgery on the internal structures of the hand and related structures, reflective of the scope of privileges requested, at least 20 times during the last 12 months, or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

***Reappointment requirements:*** To be eligible to renew core privileges in surgery of the hand, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience 20 surgical procedures with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

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## CORE PRIVILEGES

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### SURGERY OF THE HAND CORE PRIVILEGES

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- Requested** Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, presenting with injuries and disorders of all structures of the upper extremity directly affecting the form and function of the hand and wrist by medical, surgical and rehabilitative means. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

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### SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and maintenance of clinical competence.

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### REPLANTATION SURGERY

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**Criteria:** Successful completion of an ACGME- or AOA-accredited one-year Surgery of the Hand program or an accredited one-year reconstructive microsurgery program. Applicant must qualify for and be granted privileges in surgery of the hand.

**Required previous experience:** Demonstrated current competence and evidence of the performance of at least 20 reconstructive microsurgery procedures in the past 12 months. At least five of these procedures should involve replantation surgery.

**Maintenance of privilege:** Demonstrated current competence and evidence of the performance of at least 10 reconstructive microsurgery procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. At least five of these procedures should involve replantation surgery. In addition, continuing education related to replantation surgery should be required.

- Requested**

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### ADMINISTRATION OF SEDATION AND ANALGESIA

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- Requested** See Hospital Policy for Moderate Sedation

## **CORE PROCEDURE LIST**

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*This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.*

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date.

### **Plastic Surgery**

1. Amputation of digits
2. Carpel tunnel
3. Facial plastic surgery to include cosmetic surgery on the face, nose, external ear, eyelids, and lips
4. Free tissue transfer flap with microvascular anastomosis
5. Hair transplantation, punch or strip
6. Hand lacerations and infections of the skin (not involving the tendons)
7. Liposuction or lipo-injection procedure for contour restoration, head and neck, trunk and extremities
8. Major head and neck radical cancer surgery and reconstruction.
9. Management of all forms of facial or maxillofacial trauma including fractures
10. Management of frontal sinus fractures
11. Management of patients with burns, including plastic procedures on the extremities, which also includes fasciotomy
12. Management of soft tissue infections
13. Microvascular procedures excluding replantation
14. Perform history and physical exam
15. Plastic procedures of external and internal male and female genitalia excluding gender dysphoria or hypospadias
16. Plastic procedures on the female and male breast, including augmentation and reduction mammoplasties, postmastectomy reconstruction
17. Plastic reconstruction of all forms of congenital and acquired soft tissue anomalies, including those requiring the use of skin grafting procedures, the use of pedicle flaps, or tissue fillers
18. Plastic reconstruction of soft tissue disfigurement or scarring, for cosmetic or functional reasons
19. Removal of benign and malignant tumors of the skin
20. Resection of intra oral tumors, oral cavity, palate
21. Sentinel lymph node biopsy
22. Skin graft to the hand
23. Surgery of congenital anomalies, including revision of cleft lip and cleft palate
24. Trunk reconstruction w/o any soft tissue defect

### **Surgery of the Hand (as a subspecialty of Plastic Surgery)**

1. Arthroplasty of large and small joints, wrist or hand, including implants
2. Bone graft pertaining to the hand
3. Carpal tunnel decompression
4. Fasciotomy and fasciectomy
5. Fracture fixation with compression plates or wires
6. Open and closed reductions of fractures
7. Perform history and physical exam
8. Removal of soft tissue mass, ganglion palm or wrist, flexor sheath, etc
9. Repair of lacerations
10. Repair of rheumatoid arthritis deformity
11. Skin grafts
12. Tendon reconstruction (free graft, staged)
13. Tendon release, repair and fixation
14. Tendon transfers
15. Treatment of infections

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**ACKNOWLEDGEMENT OF PRACTITIONER**

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I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at Hospital, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**CLINICAL SERVICE CHIEF'S RECOMMENDATION**

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I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
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**Notes**

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**Clinical Service Chief Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FOR MEDICAL STAFF OFFICE USE ONLY**

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**Credentials Committee action** **Date:** \_\_\_\_\_  
**Medical Executive Committee action** **Date:** \_\_\_\_\_  
**Board of Directors action** **Date:** \_\_\_\_\_