

JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL
Delineation of Privileges
PLASTIC SURGERY

Name _____

QUALIFICATIONS: Licensed physician (DO or MD) as defined in the Surgery Department Rules and Regulations with appropriate specialty training.

INITIAL APPLICANTS: A letter from the residency/fellowship program director confirming training/experience in procedures requested is required for all new applicants who have recently (within the past 5 years) completed training. Applicants should provide a copy of procedural case logs from their training program. Applicants out of training over 5 years must provide documentation of training and recent experience.

RE-APPLICANTS: Physician must be able to show current demonstrated competence and adequate volume of experience in Plastic Surgery reflective of the scope of privileges requested for the past 24 months.

OF THE FOLLOWING, INDICATE PARTICULAR PRIVILEGES REQUESTED: Privileges granted herein permit the surgeon to treat patients without limitations, for all inpatient and outpatient areas, intensive care units, Emergency Department, and nursing.

| | |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| REQUEST | COGNITIVE |
| | ADMIT, provide consultation, order diagnostic tests and procedures, and treat patients with problems related to plastic surgery. |

| REQ | APP | <u>SURGERY OF THE HAND & EXTREMITIES</u> including but not limited to the following: Hand wounds; Tendon injuries; Ligament injuries; Fracture of the hand and wrist; Carpal tunnel syndrome (endoscopic and open); Dupuytren's contracture; Surgery for rheumatoid arthritis; Congenital anomalies; Tumors of the bones and soft tissue; etc. | REQ | APP | <u>TREATMENT OF SKIN NEOPLASMS, DISEASES & TRAUMA</u> including but not limited to the following: Benign and malignant lesions of the skin and soft tissue; Reconstructive grafts and flaps; Scar revisions; Laser therapy for vascular lesions; etc. |
|-----|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | <u>SURGERY OF THE BREAST</u> including but not limited to the following: Breast reconstruction; Breast reduction; Breast biopsy; Congenital anomalies; Mastectomy (subcutaneous and simple); Breast augmentation; Breast lift (mastopexy); etc. | | | <u>COMPLEX WOUND HEALING & BURN TREATMENT</u> including but not limited to the following: Initial burn management; Acute and reconstructive burn treatment; etc. |
| | | <u>TREATMENT OF FACIAL DISEASES AND INJURIES, INCLUDING MAXILLOFACIAL STRUCTURES</u> including but not limited to the following: Facial fractures including the mandible; Nose, ear, jaw, eyelid, cleft lip and palate deformities; Facial deformity and wound treatment; Tumors of the head and neck; etc. | | | <u>RECONSTRUCTION OF CONGENITAL & ACQUIRED DEFECTS OF THE TRUNK & GENITALIA</u> including but not limited to the following: Vaginal reconstruction; Repair of penis deformities; Chest and abdominal wall reconstructions; Panniculectomy, etc. |

CORE PROCEDURAL COSMETIC SURGERY PRIVILEGES: Please select from the following list of procedures. Confirmation of training/expertise will be required

| | | | | | |
|--|-------------------|--|-------------------------------|--|------------------------|
| | Facial Contouring | | Rhytidectomy | | Abdominalplasty |
| | Forehead Lift | | Body Contouring | | Liposuction |
| | Blepharoplasty | | Vein Injection Sclerotherapy | | Endoscopic Liposuction |
| | Rhinoplasty | | Implants (Cheek or Chin) | | |
| | Otoplasty | | Skin Peeling and Dermabrasion | | |

SPECIAL PROCEDURES

Documentation of training expertise must be submitted when requesting the following privileges:

| REQ | APP | PRIVILEGE REQUESTED | REQ | APP | PRIVILEGE REQUESTED |
|-----|-----|----------------------------------------------------------------------------------|-----|-----|---------------------------------------------------|
| | | Reconstructive Microsurgery | | | Procedural Sedation *** (see criteria on website) |
| | | Reconstruction of peripheral nerve injury | | | Skull base surgery |
| | | Muscular flaps and grafts/free tissue transfer | | | Craniofacial surgery |
| | | Replantation and revascularization of the upper and lower extremities and digits | | | |

I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been trained accordingly, I am requesting permission to do these procedures. I certify that my malpractice insurance will cover, to the dollar limits required by the Medical Staff Bylaws, my exercise of the above requested privileges.

| | |
|------------------------------------------|-------------|
| SIGNATURE OF REQUESTING PHYSICIAN | DATE |
| | |

APPROVED BY:

| | |
|---------------------------------------------------|------|
| Signature of Department Chairman or Vice Chairman | Date |
|---------------------------------------------------|------|

Date: _____
Medical Executive Committee

Date: _____
Board of Directors

Revised: 8/04; 8/07, 10/08, 10/09; 11/10

CRITERIA FOR GRANTING PRIVILEGES
PLASTIC SURGERY

CRITERIA FOR GRANTING PRIVILEGES

1. All new applicants for surgical privileges as members in the Department of Surgery shall be reviewed with respect to the performance of their clinical abilities. All new applicants in this specialty shall be considered only if they are certified or an active candidate as recognized by the American Board of Medical Specialties, the American Osteopathic Board, or the Royal College of Surgeons (Canada).
2. Staff members within the Department of Surgery requesting an increase in, or wider scope of surgical privileges, must do so in writing to the Committee stating and including documentation of additional training or experience which shall justify such privileges as required by established criteria.

OBSERVATION REQUIREMENTS – North Mountain

1. The practice of concurrent observation and/or retrospective review of newly appointed members of the Department of Surgery has been eliminated.
2. Observation/retrospective review may be required if determined necessary for new procedures under development.
3. The Department of Surgery reserves the right to require concurrent observation or retrospective review if circumstances warrant such action.

LASER PRIVILEGES

Current proficiency and knowledge of laser procedures.

1. Laser surgery course with content consistent with the privileges being requested; **OR**
2. Letter from a residency director documenting adequate training for the privileges being requested; **OR**
3. Letter of explanation which requests that these privileges be granted without the above requirements being met.

MICROSURGICAL FLAP CRITERIA

A physician requesting these privileges will provide the following documentation:

- Board Certification with a board recognized by the American Board of Medical Specialties;
- Maintain competency by performing a minimum of ten (10) microsurgical flap cases within the past two years;

If the minimum number of cases is not met, the physician's cases may be proctored;

- Have a success rate of at least 85% within the past two (2) years;
- Retrospective review may be necessary to determine the success rate

SKULL BASE SURGERY / CRANIOFACIAL SURGERY

- A Board eligible or certified physician in Plastic Surgery
- Training:
 - a. Specialized training during formal Plastic and Reconstructive Residency Program, with procedural logs and a letter from the program director attesting to competency OR
 - b. One to two year Skull Base or Craniofacial Fellowship Program, with procedural logs and a letter from the program director attesting to the competency OR
 - c. Approved specialized training acceptable to the Department of Surgery.

Revised: 9/05, 12/06, 10/08; 11/10