



Oral & Maxillofacial Surgery Soin Delineation of Privileges

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation
5. 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 and doubts related to qualification of requested privileges.

NOTE:

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.

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.

Required Qualifications	
Membership	To be eligible to apply for core privileges in oral and maxillofacial Surgery, the initial applicant must meet the following criteria
Education/Training	Successful completion of a Commission on Dental Accreditation-accredited residency in oral and maxillofacial surgery that includes training for procedures of the soft and hard tissues as well as history and physicals
Certification	Current certification or active participation in the examination process with achievement of certification within six years leading to certification in oral and maxillofacial surgery by the American Board of Oral and Maxillofacial Surgery
Clinical Experience (Initial)	<p>The oral and maxillofacial surgeon (OMS), who is a recent graduate (within two years), of an oral and maxillofacial surgery residency must be able to demonstrate that he or she has successfully performed major oral and maxillofacial surgery on a minimum of 75 patients during the OMS residency, no more than five of whom required dentoalveolar surgery. The categories of major surgery include trauma, pathology, orthognathic, reconstructive, and esthetic. For a major surgical case to be counted toward meeting this requirement, the OMS must have been the operating surgeon or have been supervised by a credentialed OMS.</p> <p style="text-align: center;">AND</p> <p>The OMS, who has completed oral and maxillofacial surgery training in excess of two years before application for initial privileges, must be able to document successful performance of at least three cases in the past 12 months in each of the major surgery categories for which privileges are requested. For procedures that overlap with other specialties, the minimum number of procedures required for privileges must be the same for all specialties</p>
Clinical Experience (Reappointment)	Current demonstrated competence and an adequate volume of experience (three cases in each of the major surgery categories—trauma, pathology, orthognathic, reconstructive, and esthetic) 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 Oral & Maxillofacial Surgery

Description: 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.

Request	<i>Request all privileges listed below.</i>
NOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Admit, evaluate, diagnose, treat, and provide consultation to patients of ages with pathology, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the head, mouth, teeth, gums, jaws, and neck, perform surgical procedures and post-operative 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.
	Procedures (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)
	Dentoalveolar surgery, including management of odontogenic infections; erupted, unerupted, and impacted teeth, including third molar extractions and defects and deformities of the dentoalveolar complex
	Facial cosmetic surgery, including but is not limited to rhinoplasty, blepharoplasty, rhytidectomy, genioplasty, lipectomy, dermabrasion, otoplasty, scar revision, and correction of maxillofacial contour deformities
	Orthognathic surgery, including the surgical correction of functional and aesthetic orofacial and craniofacial deformities of the mandible, maxilla, zygoma, and other facial bones. Surgical procedures include, but are not limited to ramus and body procedures, subapical segmental osteotomies, LeFort I, II, and III procedures, and craniofacial operations
	Pathology: diagnosis and management of pathological conditions, such as cyst of bone, benign and malignant bone tumors; osteomyelitis; osteoradionecrosis; metabolic and dystrophic bone diseases; soft-tissue cysts; benign and malignant soft-tissue tumors; vascular malformations of soft tissue and bone; mucosal diseases; salivary gland diseases, infections, local or systemic. Surgical procedures include but are not limited to maxillary sinus procedures, cystectomy of bone and soft tissue, sialolithotomy, sialoadenectomy, management of head and neck infections; and trigeminal nerve surgery
	Perform history and physical exam
	Reconstructive surgery, including harvesting of bone and soft-tissue grafts and the insertion of implants. Sites for harvesting may include, but are not limited to the calvaria, rib, ilium, fibula, tibia, mucosa, and skin. Reconstructive procedures include but are not limited to vestibuloplasties, augmentation procedures, TMJ reconstruction, management of continuity defects, insertion of implants, facial cleft repair, and other reconstructive surgery of the oral and maxillofacial region
	Temporomandibular joint surgery, including treatment of masticatory muscle disorders, internal derangements; degenerative joint disease; rheumatoid, infectious, and gouty arthritis; mandibular dislocation (recurrent or persistent); ankylosis and restricted jaw motion; and condylar hyperplasia or hypoplasia

	Trauma surgery, including fractured and luxated teeth; alveolar process injuries; mandibular angle, body, ramus, and symphysis injuries; mandibular condyle injuries and dislocation; maxillary, zygomatic, orbital, and nasal bone injuries; naso-orbital-ethmoid complex injuries; frontal bone and frontal sinus injuries; auricle and scalp injuries; oral/perioral, perinasal, and facial soft-tissue injuries; airway obstruction; cricothyroidotomies; and tracheostomies
--	--

Special Non-Core Privileges

Description: 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 for maintenance of clinical competence.

Request	<i>Request all privileges listed below.</i>
SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Special Non-Core Privileges

Use of Laser

Description: Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or provide documentation appropriate to the specific laser to be utilized. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience.

Request	<i>Request all privileges listed below.</i>
SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Use of Laser

Administration of Sedation and Analgesia (See Hospital Policy for Moderate Sedation)

Request	Request all privileges listed below.
SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Administration of Sedation and Analgesia

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Soin Medical Center and I understand that:

- A. In exercising any clinical privileges granted, I am constrained by applicable 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.

Practitioner's Signature

Date

Clinical Service Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

Clinical Service Chair Signature

Date