



Plastic 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 plastic surgery, the initial applicant must meet the following criteria:
Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)-accredited residency in plastic surgery.
Certification	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.
Clinical Experience (Initial)	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.
Clinical Experience (Reappointment)	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 Plastic 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, 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.
	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.)
	Amputation of digits
	Carpel tunnel
	Facial plastic surgery to include cosmetic surgery on the face, nose, external ear, eyelids, and lips
	Free tissue transfer flap with microvascular anastomosis
	Hair transplantation, punch or strip
	Hand lacerations and infections of the skin (not involving the tendons)
	Liposuction or lipo-injection procedure for contour restoration, head and neck, trunk and extremities
	Major head and neck radical cancer surgery and reconstruction.
	Management of all forms of facial or maxillofacial trauma including fractures
	Management of frontal sinus fractures
	Management of patients with burns, including plastic procedures on the extremities, which also includes fasciotomy
	Management of soft tissue infections
	Microvascular procedures excluding replantation
	Perform history and physical exam
	Plastic procedures of external and internal male and female genitalia excluding gender dysphoria or hypospadias
	Plastic procedures on the female and male breast, including augmentation and reduction mammoplasties, postmastectomy reconstruction
	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
	Plastic reconstruction of soft tissue disfigurement or scarring, for cosmetic or functional reasons
	Removal of benign and malignant tumors of the skin

	Resection of intra oral tumors, oral cavity, palate
	Sentinel lymph node biopsy
	Skin graft to the hand
	Surgery of congenital anomalies, including revision of cleft lip and cleft palate
	Trunk reconstruction w/o any soft tissue defect

Core Privileges Surgery of the Hand

Qualifications

Membership	To be eligible to apply for core privileges in surgery of the hand, the initial applicant must meet the following criteria:
Education/Training	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.
Certification	<p>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).</p> <p style="text-align: center;">OR</p> <p>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.</p>
Clinical Experience (Initial)	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.
Clinical Experience (Reappointment)	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.

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 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.
	Procedures
	Arthroplasty of large and small joints, wrist or hand, including implants

	Bone graft pertaining to the hand
	Carpal tunnel decompression
	Fasciotomy and fasciectomy
	Fracture fixation with compression plates or wires
	Open and closed reductions of fractures
	Perform history and physical exam
	Removal of soft tissue mass, ganglion palm or wrist, flexor sheath, etc
	Repair of lacerations
	Repair of rheumatoid arthritis deformity
	Skin grafts
	Tendon reconstruction (free graft, staged)
	Tendon release, repair and fixation
	Tendon transfers
	Treatment of infections

Replantation Surgery

Qualifications

Education/Training 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.

Clinical Experience (Initial) 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.

Clinical Experience (Reappointment) 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.

Request	<i>Request all privileges listed below.</i>
NIOS	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Replantation Surgery

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.

Qualifications	
Requirements	See Hospital Policy for Moderate Sedation

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

Fluoroscopy

Description: Must demonstrate competence--initial applicants must complete the online quiz; reapplicants must complete online quiz at least once then complete annual attestations thereafter.

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
	Fluoroscopy

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

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
	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 _____