

**DETROIT MEDICAL CENTER  
DETROIT, MI**

**CLINICAL PRIVILEGES IN NEUROLOGICAL SURGERY**

**Name:** \_\_\_\_\_

**Page 1 of 4**

**Qualifications:** Current certification or active participation in the examination process leading to certification in neurological surgery by the American Board of Neurosurgery or the American Osteopathic Board of Surgery; or;

Successful completion of an ACGME or AOA or equivalent accredited residency training program in general surgery followed by an approved residency/fellowship training program in neurological surgery.

**Required Previous Experience:** The applicant must be able to demonstrate that he or she has performed neurological surgical procedures in the past 12 months.

**Pediatric Neurosurgery:** Current certification or active participation in the examination process leading to certification in neurological surgery by the American Board of Neurosurgery or the American Osteopathic Board of Surgery; followed by an approved residency/fellowship training program in neurological surgery, and/or demonstrated expertise in pediatric neurosurgical disease, care and surgery of children.

**Special Procedures:** Successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable program; and documentation of current competency.

**Observation/Proctoring Requirements:** Monitoring through Departmental quality assessment and improvement processes.

**Reappointment Requirements:** Current demonstrated competence and, for Active Staff 30 consultations and/or operative cases, or Affiliate Staff 15 consultations and/or operative cases, with acceptable results in the privileges requested for the past 24 months as a result of quality assessment and improvement activities and outcomes.

**DETROIT MEDICAL CENTER**

**CLINICAL AREA: NEUROLOGICAL SURGERY**

Name: \_\_\_\_\_ Page 2 of 4

**Applicant:** Place a check mark in the (R) column for each privilege requested.

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**(R)=Requested            (A)=Recommended    (N)=Not Recommended**

*Note: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason for same must be stated below.*

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**(R) (A) (N) CORE PRIVILEGES IN NEUROLOGICAL SURGERY**

- Privileges include admission, work up, diagnosis, and surgical treatment of patients 14 years of age and older presenting with illnesses, injuries, and disorders of the central and peripheral nervous system, including their supporting structures and vascular supply. These privileges include the provision of consultation as well as the ordering of diagnostic studies and procedures related to the neurologic problem, including but not limited to:
- diagnostic procedures including myelography, angiography, pneumoencephalography, lumbar puncture, ventricular tap and subdural tap;
  - intracranial procedures - craniotomy for intracranial mass, infection, vascular abnormalities and skull abnormalities;
  - cerebrospinal fluid procedures;
  - peripheral nerve surgery including brachial plexus and sympathetic system;
  - spinal procedures for disc spondylosis, intraspinal masses, vascular malformations and congenital abnormalities;
  - daily care and management, including intensive care privileges, placement of central lines and tracheotomy;
  - reconstruction procedures of scalp, skull, and meninges, including skin grafting; pain procedures including rhizotomy and cordotomy.
- These privileges do not include any of the following special requests.

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**(R) (A) (N) CORE PRIVILEGES IN PEDIATRIC NEUROLOGICAL SURGERY**

Must demonstrate pediatric experience.

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- Privileges, as stated in Neurological Surgery Core, for patients under the age of 14.
- Neonatal Surgery
- Pediatric Epilepsy Surgery

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**(R) (A) (N) CORE PRIVILEGES IN NEUROSURGICAL INTENSIVE CARE**

- Ventriculostomies
- Lumbar Drains
- ICP Monitors
- Invasive Monitoring

DETROIT MEDICAL CENTER

CLINICAL AREA: NEUROLOGICAL SURGERY

Name: \_\_\_\_\_

Page 3 of 4

(R) (A) (N) SPECIAL REQUESTS

Each of these special procedures requires evidence of residency, fellowship or other post-graduate training or coursework and **documentation of an acceptable number of cases performed**. If adequate experience is not demonstrated, some privileges may be granted with mentoring or proctoring. Privileges for Diagnostic and Therapeutic Angiographic procedures are granted by departments utilizing guidelines developed by a multidisciplinary committee with membership from all departments requesting such privileges. Radiosurgery procedures are done in conjunction with Radiation Oncology.

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- Carotid artery surgery extracranial
  - Carotid/Extracranial vascular surgery
  - Endoscopy/Endoscope assisted surgery
  - Laser Privileges.
  - Hemispherectomy-anatomical or functional in children
  - Complex cranial base surgery.
  - Craniotomy in children.
  - Complex vascular intracranial including complex aneurysm, AVM and anastomosis.
  - Intracranial seed implantation.
  - Spinal instrumentation.
  - Stereotactic
  - linear
  - gamma knife
  - Diagnostic angiography
  - Adult
  - Pediatric
  - Interventional angiography
  - Adult
  - Pediatric

(R) (A) (N) MODERATE SEDATION

- This category requires knowledge of the DMC Moderate Sedation Tier 1 Policy (and Tier 3 Children’s Hospital policy for Pediatrics), acknowledgement to observe the policies and complete the Net Learning Modules on Moderate Sedation. My initials attest that I will \_\_\_\_\_
- Initials \_\_\_\_\_ complete with the policy and have completed the module.

**DETROIT MEDICAL CENTER**

**CLINICAL AREA: NEUROLOGICAL SURGERY**

Name: \_\_\_\_\_

**Page 4 of 4**

**Acknowledgment of Practitioner**

By my signature below, I acknowledge that I have read and understand this Privilege Delineation Form and applicable standards and criteria for privileges.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

**Pediatric Chief Recommendation** (if applicable)

- Recommend AS Requested       Recommend with conditions/modifications as listed.  
 Do Not Recommend

\_\_\_\_\_  
Pediatric Chief, Signature

\_\_\_\_\_  
Date

**Children's Hospital Medical Staff Operations Committee Recommendation** (if applicable)

- Recommend AS Requested       Recommend with conditions/modifications as listed.  
 Do Not Recommend

\_\_\_\_\_  
Chair, CHM MSOC

\_\_\_\_\_  
Date

**Specialist-in-Chief Recommendations**

I certify that I have reviewed and evaluated the applicant's request for clinical privileges, credentials and other supporting documentation, and the recommendation that is made below takes all pertinent factors into consideration:

- Recommend AS Requested       Recommend with conditions/modifications as listed.  
 Do Not Recommend

\_\_\_\_\_  
Specialist-in-Chief (or designee), Signature

\_\_\_\_\_  
Date

Joint Conference Committee Action: \_\_\_\_\_

\_\_\_\_\_  
Date

**DETROIT MEDICAL CENTER**

**Clinical Privileges in Carotid Artery Angioplasty and Stent Placement**

These procedures should be performed on patients meeting appropriate clinical criteria or through specified protocols by physicians with training and expertise in cerebrovascular angiography, pathophysiology, hemodynamics, and vascular interventions, and anticipated risks and complications.

**Qualifications:** Current Certification or active participation in the examination process for certification in Vascular Surgery, Neurosurgery, Interventional Cardiology, or Interventional Radiology. Physicians with other specialty board certification may be eligible if they can demonstrate the number of procedures performed which would make them eligible by criteria for any of the above four Boards.

**Required Previous Experience/Training:**

1) Demonstration of previous performance of requisite procedures to obtain certification in primary Board. Beyond these, the performance of diagnostic cerebral/carotid angiograms in a minimum of 30 patients, and 25 interventional carotid cases, with 15 of these as the supervised primary operator, are required. No more than two interventional procedures per case may be counted to meet these criteria.

2) Demonstration of Radiation Safety training

**Observation and Monitoring Requirements:** Ongoing monitoring of inclusion criteria met (e.g. SAPPHERE or similar trial), satisfactory outcomes, stroke rates, restenosis rates, and mortality will be performed through Multidisciplinary Endovascular Quality Assessment and Improvement activities.

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Applicant signature

Date

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Chief Signature

Date

**Addendum to the following Department Delineation of Privileges:**

- Medicine(Cardiology only)
- Neurology
- **Neurosurgery**
- Interventional Radiology
- Surgery (Vascular and cardiothoracic)

10/18/04 MEC approved  
10/26/04 JCC approved

## DETROIT MEDICAL CENTER

# BOARD CERTIFICATION REQUIREMENTS

- Beginning July 1, 2009, all applicants to the DMC Medical Staff shall be Board Certified, or shall achieve Board Certification within five (5) years of completion of formal training. Relative to eligibility for board certification, completion of formal training (residency versus fellowship) is defined by the primary certification body for that specialty.
- Individual clinical department Board certification may be more stringent. If so, the department's requirements supersede the DMC minimum Board certification requirement.
- The Board certification must be in the specialty and specific practice which clinical privileges are requested.
- Board certification must be in a specialty recognized by the American Board of Medical Specialties, American Osteopathic Association, American Dental Association or the American Board of Foot and Ankle Surgery.
- If Board certification is time-limited, the applicant will have a maximum of three (3) years to achieve re-certification, beginning with the expiration date of his/her current Board Certification, or will be voluntarily resigned from the Medical Staff. DMC medical staff members on staff prior to July 1, 2009 with time-limited certifications will not be required to recertify.
- DMC medical staff members who obtain certification in specialty and subspecialty categories will be required to recertify in the area(s) of certification required by the certification body.
- An extension of the Board certification or re-certification requirement may be granted by the Medical Executive Committee to the applicant who has obtained an extension from the requisite Board for reasons of significant health issues or military service.
- DMC medical staff members on staff prior **to July 1, 2009**, who are not Board certified will not be required to achieve Board certification. Eligibility for the Board certification waiver requires uninterrupted DMC Medical Staff membership since July 1, 2009.
- Under special circumstances, some outstanding applicants brought to the DMC may be ineligible for Board certification. These members will be considered by their departments on an individual case-by-case basis, and review by a subcommittee of the SICs, may be granted privileges without Board certification with a majority vote of the Medical Executive Committee and the Joint Conference Committee.