

DETROIT MEDICAL CENTER

DEPARTMENT OF PEDIATRIC SURGERY  
DELINEATION OF PRIVILEGES IN PEDIATRIC PLASTIC SURGERY

Applicant Name \_\_\_\_\_

PLEASE PRINT

**QUALIFICATIONS:**

*Effective July 1, 2009, all new applicants to the DMC will be required to be board certified or in the active certification process in their practice specialty. See attached addendum.*

**Pediatric Plastic Surgery**

Applicant must have completed **an ACGME or AOA accredited Plastic Surgery residency program** and be board certified or in the active certification process leading to certification within five (5) years of training completion. It is expected that during Plastic Surgery training the applicant will have completed at least **50 Pediatric Plastic Surgery** procedures. Surgical case logs must be submitted as proof of procedures completed. Surgeons who completed training more than two years ago must demonstrate experience by submitting surgical case logs for the previous two years. These applicants must have completed a minimum of ten (10) **Pediatric Plastic Surgery** cases per year to be eligible to apply.

**Special Pediatric Procedures**

Successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable program; and demonstration of experience with the procedure, test and/or therapy requested and documentation of competence to obtain and retain the requested clinical privileges as set forth in departmental policies governing the exercise of specific privileges.

**Observation/Proctoring Requirements**

Monitoring through focused professional performance evaluation processes, departmental quality assessment and improvement activities.

**Reappointment Requirements**

Current demonstrated competence and an adequate volume of current experience with acceptable results in the privileges requested for the past 24 consecutive months as a result of ongoing professional performance evaluations, quality assessment/ improvement activities and outcomes.

**Affiliation via Membership Only Status (No clinical privileges):**

**Initial applicants:** If you will only be referring patients to the DMC/Children's Hospital of Michigan, you may wish to apply for Membership Only (no clinical privileges). This will allow an affiliation without having to meet other medical staff requirements.

**Reappointment applicants:** Those practitioners that do not meet minimum eligibility requirements to hold clinical privileges and/or have insufficient DMC based volume to provide for an ongoing professional practice evaluation and/or have an office-based practice only, but wish to maintain a DMC affiliation, may request Membership Only (no clinical privileges).

# DELINEATION OF PRIVILEGES IN PEDIATRIC PLASTIC SURGERY

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## **PRIVILEGES REQUESTED:**

**(R)-Requested (A)-Recommend Approval as Requested (C)-Recommend with Conditions (N)-Not Recommended**

*Note: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason must be stated below or on the last page of this form and discussed with the applicant.*

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

**(R) (A) (C) (N)**

### **MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES**

Practice is limited to referring patients and/or office-based practice only. No inpatient privileges.

**Do Not Complete The Remainder Of This Form.** Go to page 7, sign and submit.

**(R) (A) (C) (N)**

### **CORE PRIVILEGES IN PEDIATRIC PLASTIC SURGERY**

Admission, work-up and performance of surgical procedures for children **under the age of 12** presenting with both congenital and acquired defects of the body's soft tissue including the aesthetic management and provision of consultation. These privileges do not include any of the following Special Procedures.

**(R) (A) (C) (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 comply with the policy and have completed the module.

\_\_\_\_\_  
Initials

**(R) (A) (C) (N)**

### **ADMITTING/CONSULTATION PRIVILEGES**

**(R) (A) (C) (N)**

### **GENERAL PLASTICS**

- a. Repair of lacerations, drain abscesses, reconstructive with grafts or flaps, removal and reconstruction of lesions and masses, injections, fillers, lasers.
- b. Breast Reconstruction (for example: breast reduction, breast reconstruction with implants or flaps)
- c. Ear and nose reconstruction (for example: rhinoplasty, otoplasty)

# DELINEATION OF PRIVILEGES IN PEDIATRIC PLASTIC SURGERY

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(R) (A) (C) (N)

## FACIAL TRAUMA

(treatment of facial fractures: conservative, open reduction +/- fixation, +/- implants)

(R) (A) (C) (N)

## CORE HAND PRIVILEGES

Reconstructive and trauma (including surgery on bones, tendons, ligaments, nerves, vessels, nail beds, grafts and flaps)

(R) (A) (C) (N)

## COMPLEX HAND

(thumb reconstruction, pollicization, complex syndactyly, secondary tendon, joint replacements, etc.)

(R) (A) (C) (N)

## CLEFT LIP AND PALATE RECONSTRUCTION

Only surgeons who do a significant volume of these cases on an annual basis, or have demonstrated adequate training in residency should apply for these privileges. Minimal case numbers will be set. Those applying for craniofacial, orthognathic, cleft, complex hand, and microvascular, in most cases, will have completed a dedicated Fellowship in these areas.

(R) (A) (C) (N)

## ORTHOGNATHIC SURGERY (including maxilla and mandible)

Only surgeons who do a significant volume of these cases on an annual basis, or have demonstrated adequate training in residency should apply for these privileges. Minimal case numbers will be set. Those applying for craniofacial, orthognathic, cleft, complex hand, and microvascular, in most cases, will have completed a dedicated Fellowship in these areas.

(R) (A) (C) (N)

## CRANIAL FACIAL RECONSTRUCTION (intra and extra-cranial procedures)

Only surgeons who do a significant volume of these cases on an annual basis, or have demonstrated adequate training in residency should apply for these privileges. Minimal case numbers will be set. Those applying for craniofacial, orthognathic, cleft, complex hand, and microvascular, in most cases, will have completed a dedicated Fellowship in these areas.

(R) (A) (C) (N)

## MICROVASCULAR

(including replants and free flaps)

# DELINEATION OF PRIVILEGES IN PEDIATRIC PLASTIC SURGERY

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## 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.

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Signature, Applicant

Date

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## Pediatric Chief Recommendation (if applicable)

- Recommend as requested.  Do not recommend.
- Recommend with conditions/modifications as listed.

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Pediatric Chief Signature

Date

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

- Recommend as requested.  Do not recommend.
- Recommend with conditions/modifications as listed.

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Chair, CHM MSOC Signature

Date

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## Chief of Service/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.  Do not recommend.
- Recommend with conditions/modifications as listed.

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Signature, Chief of Service

Date

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Signature, Specialist-in-Chief

Date

Joint Conference Committee Approval: \_\_\_\_\_

Date

JCC Approved 12.22.09:01.28.2014

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.
- 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 Podiatric Surgery.
- If Board certification is time-limited, in all cases, 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**, 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.

JCC APPROVED 2.26.2013