Delineation of Privileges
Department of Neurosurgery

Name: ___________________________________________________________________________________

LEVEL I CORE PRIVILEGES

☐ Requested (Applicant) ☐ Recommended approval (Service Chief/Chair)

Minimum Training and Experience
M.D. or D.O. required. Training in Neurological Surgery including one year Surgery internship and five years of Neurosurgery (36 months of clinical Neurosurgery, 3 months of Neurology, experience in Neuroradiology, Neuropathology, and other allied neurosciences) is required for staff membership. The candidate for staff membership must also have passed Part I of the American Board of Neurological Surgery and/or equivalent certifying body. Because of the minimum practice required before examination and certification by the American Board of Neurological Surgery, the applicant must be either certified or tracking towards certification at the time of appointment.

Reappointment
The applicant must demonstrate that he/she has maintained competence during the two-year reappointment cycle with the performance of a minimum of 100 neurosurgical procedures during the reappointment cycle unless specifically approved by the Department Chair and with a letter stating this exception provided to ECCA.

Scope of Practice/Privileges
Neurological Surgery is a discipline of medicine and the surgical specialty that provides the operative and non-operative management (i.e.; prevention, diagnosis, evaluation, treatment, critical care, and rehabilitation) of disorders of the central, peripheral, and autonomic nervous systems, including their supporting structures and vascular supply. Evaluation and treatment of pathological processes which modify functions or activity of the nervous system and the management of pain is also under the purview of the Neurosurgeon.

By training and experience, neurosurgeons are expected to perform difficult procedures that involve the nervous system as it interacts with the integumentary and musculoskeletal systems, skull, spinal column and spinal cord. They treat congenital and acquired anomalies; extracranial vascular disease; neurotrauma, tumors, intracranial and intraspinal infections; pain, movement, affective and seizure disorders

Privileges also include the following representative list, but it is not intended to be all-encompassing, but rather to reflect the categories/types of patient problems included in the description of privileges.

- Admission, evaluation, consultation, diagnosis, treatment, and pre-, intra-, and postoperative neurosurgical treatment to patients of all ages with illnesses, injuries, and disorders of the central and peripheral nervous system, including the supporting structures and the vascular supply.
- Adult hydrocephalus
- Aneurysms
• Angiography
• Anterior cervical disc excision and fusion

• Benign and malignant skull base tumors, including but not limited to: -acoustic neuroma; -chordoma; -epidermoid; -glomus jugulare; -meningioma
• Biopsies: -brain, (open or by needle); -muscle; -nerve
• Blood supply to brain, meninges, and skull; management of
• Brachial plexus - lesions/trauma/compression/tumors/surgery
• Brain abscess
• Brain injury
• Brain tumors – benign and malignant, to include, but not limited to: -astrocytoma; -ependymoma; -glioblastoma; -oligodendroglioma; -meningioma
• Cerebrovascular occlusion
• Cerebrovascular stroke
• Chiari malformations
• Cisternal puncture
• Coma
• Congenital anomalies of the brain and spinal cord
• Cranial and spinal nerves, disorders of, throughout their distribution
• Cranial burr holes
• Cranial nerve compression syndrome, surgery for
• Cranial reconstruction
• Cranial trauma/critical care
• Cranioplasty
• Craniotomy for: -abscess; -aneurysm; -arteriovenous malformation; -trauma; -tumor; -vascular malformations; -verified neoplasms
• Degenerative disorders
• Depressed skull fracture, elevation of
• Epilepsy surgery
• Extracranial carotid and vertebral artery surgery
• Extracranial vascular reconstruction
• Halo, application of
• Hemispherectomies, for seizure control
- Hydrocephalus shunts
- Hypopituitarism
- Implantation of neuro stimulators and intrathecal delivery systems
- Intervertebral disc disease
- Intra- and extra-cranial neurovascular disease
- Intrathecal pump placement/revision/adjustment
- Intracranial hemorrhage
- Intracranial pressure monitor, insertion of
- Kyphoplasty
- Laminectomy
- Meningitis
- Metastatic tumors
- Movement disorders
- Myelography
- Myelomeningocele, repair
- Neoplasms, verified
- Neuroendoscopy
- Pain management, including surgery
- Pediatric neurosurgery
- Percutaneous cordotomy
- Peripheral nerve disorders/injury/tumors; compression, surgery
- Pituitary tumors, including: -endocrine-inactive pituitary adenomas; -hormonally active pituitary adenomas
- Pneumoencephalography
- Radiosurgery – Linac or Gamma Knife in conjunction with Radiation Oncology
- Scoliosis, including surgery
- Seizures including status epilepticus
- Skeletal traction, application of
- Skull base surgery
- Skull lesions including synostosis; benign or malignant tumors; fibrous dysplasia; calcified cephalohematoma/surgery
- Spasticity management, including surgery
- Spinal cord, meninges, and vertebral column, disorders of
• Spinal disorders to include, but not limited to: -abnormalities of intervertebral discs; -abnormalities of nerve roots; -abnormalities of spinal column; -abnormalities of spinal cord/adjacent structures

• Spinal fusions

• Spinal instrumentation for trauma/other spinal disorders, complex

• Spine and spinal cord injury

• Stereotactic/functional neurosurgery

• Subdural taps

• Syringomyelia

• Thoracoscopy for nerve root compression or sympathectomy

• Tracheostomy

• Transoral spine procedures

• Transsphenoidal surgery

• Traumatic brain injury; neurocritical conditions

• Ventricular taps

• Ventriculography

• Ventriculoperitoneal shunt/taps/reprogramming

• Ventriculostomy

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LEVEL II

☐ Requested (Applicant)  ☐ Recommended approval (Service Chief/Chair)

Minimum Training and Experience

All Faculty: Candidates for Level II Endovascular Neurosurgery privileges must have Level I minimum training and experience, and must meet qualifications or be on track to become certified by the American Board of Neurological Surgery (apply within 3 years and obtain certificate within 5 years of completion of training). Candidates for endovascular privileges must also complete the Neurointerventional Endovascular Surgery Fellowship Training Program requirements set forth by the Joint Section of Cerebrovascular Surgery and the American Society of Interventional and Therapeutic Neuroradiology. Due to the length and elective time available in the Neurosurgery Residency, some residents may be able to complete the endovascular training criteria within the confines of the Neurosurgery Residency by enfolding the endovascular training requirements.

Reappointment: The applicant must demonstrate that he/she has maintained competence during the two-year reappointment cycle with the performance of a minimum of 50 diagnostic or interventional endovascular procedures during the reappointment cycle. American Journal of Neuroradiology (AJNR) 21:1153-1159, June/July 2000.
Scope of Practice/Privileges

Neuroradiologic angiography involves catheterization and injection of contrast into arteries and veins and interpretation of the studies. (This excludes Coronary Angiography)

Endovascular Neurosurgery (a.k.a. Neurointerventional Radiology) uses percutaneous radiological techniques for endovascular treatment of neurological disease. Such procedures include, but are not limited to,
1) Placement of implantable devices (such as detachable coils, balloons, filters, and intracranial or extracranial stents);
2) Vascular closure devices (such as occlusive balloons, glue and other occlusion matters/devices);
3) Vascular recanalization techniques (such as chemical/mechanical thrombolysis and balloon angioplasty)
4) Cerebral vascular malformations (AVMs and cavernous malformations)

Privileges include outpatient, admitting, and inpatient care.

NEUROSURGICAL CRITICAL CARE

Requested (Applicant)  Recommended approval (Service Chief/Chair)

Minimum Training and Experience

All Faculty: Neurosurgical Intensive Care privileges require an M.D. or D.O. with residency training in neurosurgery or neurology. Applicants must be board certified or be board-eligible (with planned completion within two years) in his/her respective field. Applicants from specialties other than Neurosurgery require additional fellowship training in neurosurgical critical care or neurocritical care board certification (or eligibility). Such neurocritical care fellowship training must normally include at least 10 months of training experience in a disease specific neurological critical care unit, and at least 2 months in a medical or surgical critical care unit. The neurointensivist applicant must demonstrate adequate training to complete credentialing in each of the procedures designated within the scope of practice.

Reappointment: The applicant must demonstrate maintenance of competency during the two-year reappointment cycle. The neurointensivist must have cared for a minimum of 100 neurocritical care patients during the reappointment cycle.

Scope of Practice/Privileges

Neurosurgical Critical Care is a vital component of neurosurgical practice. Neurosurgeons and Neurocritical Care Specialists ("Neurointensivists") provide intensive care to critically ill patients with neurosurgical diseases. Neurointensivists are subspecialty-trained practitioners skilled in the diagnosis and treatment of disorders of the central, peripheral, and autonomic nervous system. Neurointensivists provide multisystem intensive care for neurosurgical and neurological patients in critical medical condition. Practitioners in this field are able to manage cardiovascular disturbances, respiratory failure (including ventilator management), infectious diseases, renal dysfunction, and metabolic, endocrine, and gastrointestinal disorders. Neurointensivists are able to provide supportive perioperative and postoperative clinical evaluation and management to neurosurgery and interventional neuroradiology patients.
Along with critical care management skills, the neurointensivist will have procedural competency in:

- placement of arterial and venous access
- pulmonary artery catheterization
- direct laryngoscopic evaluation and endotracheal intubation
- percutaneous tracheostomy
- thoracentesis and abdominal paracentesis
- chest tube placement
- administration of vasoactive or sedating substances
- lumbar puncture
- placement of lumbar drains
- CSF sampling from shunts or external ventricular drains
- conscious sedation (Requires separate application)
- EEG interpretation
- management and interpretation of ICP and CPP data
- administration of thrombolytics
- external ventricular drain management
- application and management of hypothermia

SPECIAL PRIVILEGES

A separate application is required to APPLY or REAPPLY for the following Special Privileges:

► FLUOROSCOPY
► LASER
► ROBOTIC SURGICAL PLATFORM
► SEDATION PRIVILEGES FOR A NON-ANESTHESIOLOGIST

PLEASE go to URL: www.med.umich.edu/i/oca for instructions, or contact your Clinical Department Representative.
TO BE COMPLETED BY APPLICANT:

I meet the previously stated criteria and request that my application be considered for the privileges as outlined above. I authorize and release from liability, any hospital, licensing board, certification board, individual or institution who in good faith and without malice, provides necessary information for the verification of my professional credentials for membership to the Medical Staff of the University of Michigan Health System.

Applicant Signature: ___________________________ Date: ________________

DEPARTMENT ACTION

Approval: _____ As Requested _____ As Modified

Explain any modifications:
_________________________________________________________________________________________

I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

Justification for approval is based on careful review of the applicant’s education, postgraduate clinical training, demonstrated clinical proficiency and Board Certification or qualifications to sit for the Boards.

Department Chair: _________________________________ Date: ______
Service Chief: _________________________________ Date: ______

CREDENTIALS COMMITTEE ACTION

Approval: _____ As Requested _____ As Modified

Explanation for any modification:
_________________________________________________________________________________________

EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS ACTION

Approval: _____ As Requested _____ As Modified.

Explanation for any modification:
_________________________________________________________________________________________