



**University of Michigan
Hospitals and Health Centers**

UNIVERSITY OF MICHIGAN HOSPITALS AND HEALTH CENTERS

**Delineation of Privileges
Department of Surgery/Section of Pediatric Surgery**

Name: _____
Please Print or Type

LEVEL I CORE PRIVILEGES

Minimum Training and Experience: M.D. or D.O. degree.

All new and current faculty must provide proof of:

1. M.D. or D.O. degree.
2. Satisfactory completion of a residency in general surgery accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada.
3. Satisfactory completion of a fellowship in Pediatric Surgery accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada.
4. He/she must be admissible to examination by the American Board of Surgery, or its equivalent, or be certified by that board.
5. He/she must have obtained board certification in Pediatric Surgery by the American Board of Surgery (or its equivalent), or the Royal College of Surgeons of Canada within 5 years of completion of training or be eligible for that certification.

Scope of Practice/Privileges

Pediatric Surgery is a surgical specialty which involves the operative and non operative management of fetus, infant, child, adolescent, young adult and adult, both on an emergency and elective basis, with congenital and acquired conditions of the following body regions and systems:

1. The abdomen and alimentary tract system
2. The blood and vascular system
3. The Skin
4. The diaphragm and thorax exclusive of the heart
5. The endocrine glands
6. The gonads and reproductive organs
7. The head and neck

The practice and training of Pediatric Surgery also includes knowledge of and technique of administration of local and regional anesthesia, conscious sedation (separate privileges are required) and the pre and post operative care of all the above conditions.

Abdomen, including, omphalocele/gastroschisis: initial closure, subsequent procedures, excision urachal remnant or cyst, excision omphalomesenteric duct remnant, umbilical herniorrhaphy, ventral herniorrhaphy, inguinal herniorrhaphy/hydrocelectomy, other herniorrhaphies, hepatic resection for tumor, hepatic resection for trauma, suture hepatic laceration, liver biopsy: needle, open, cholecystectomy and/or common duct exploration, biliary reconstruction, portoenterostomy, choledochal cyst excision, portosystemic venous shunts, operations on pancreas, splenectomy, splenic repair, excision neuroblastoma, adrenalectomy, sacrococcygeal teratoma, nephrectomy for: tumor, trauma, cystic dysplasia, end-stage disease, partial nephrectomy for: tumor anomaly, other, insertion of Tenckhoff catheter, closure exstrophy, abdominoplasty.

Alimentary Tract, including, esophagoscopy - diagnostic, with dilatation, removal foreign body, esophagogastroduodenoscopy (EGD), gastroscopy, colonoscopy, sigmoidoscopy (rigid or flexible), anoscopy, esophagostomy, repair esophageal atresia with TEF, primary repair esophageal atresia, division TEF ("H type"), esophageal resection with/without anastomosis, esophageal replacement (with colon, stomach, intestine), Heller procedure, antireflux procedure, gastrostomy, major gastric operation, pyloromyotomy, malrotation/midgut volvulus, Ladd's procedure, repair intestinal atresia or stenosis. Bowel resection for: necrotizing enterocolitis, inflammatory bowel disease, intussusception, other anomalies, polyposis, malignancy. Procedures for meconium ileus, colostomy or enterostomy for: anorectal atresia, Hirschsprung's, disease other, closure any enterostomy, perineal anoplasty for: anal atresia, secondary revision, reconstruction anorectal atresia, posterior sagittal anoplasty (PENA procedure), sacroperineal, abdominosacroperineal, abdominoperineal, Hirschsprung's pull-through procedures, such as, Soave, Swenson, Duhamel, myectomy, repair rectal prolapse, rectal biopsy, appendectomy, laparotomy for: lysis of adhesions, reduction intussusception, Hodgkin's staging, biopsy or excision of tumor, omental, mesenteric cysts, abscess drainage.

Cardiovascular, including: coarctation/arch anomalies, patent ductus arteriosus, vascular ring, pericardiectomy.

Other closed operations, renal artery reconstruction, operation on other visceral arteries, peripheral arterial repair, resection A-V malformation, creation A-V shunt or fistula, and insertion hyperalimentation catheter or Infusaport.

Skin, including burn debridement, insertion of tissue expander(s), burn excision skin grafts, excision skin, subcutaneous and/or scalp lesion, closure complex, laceration, excision of hemangioma, I&D abscess, scar revision, breast biopsy, subcutaneous mastectomy.

Thorax, including laryngoscopy, bronchoscopy (diagnostic, with bronchography, with removal foreign body), tracheostomy, chest wall resection, repair deformity chest wall, repair of pectus excavatum, and carinatum pneumonectomy, lobectomy, or segmental resection, thoracotomy for drainage, biopsy or other, thoracoscopy, thymectomy, excision mediastinal mass or other intrathoracic mass, repair diaphragmatic hernia, Bochdalek, Morgagni, other.

Gynecology, including laparotomy for intersex, oophorectomy, hysterectomy, vaginal reconstruction, plastic operation on vulva or perineum, clitoridectomy or clitoroplasty, vaginoscopy for foreign body.

Head and Neck, including major tumor, radical neck dissection, thyroidectomy (any), parathyroidectomy, parotidectomy or other salivary gland removal, excision or marsupialization of ranula, frenulectomy, brachial cleft anomaly, thyroglossal duct cyst, repair/excision of congenital abnormalities of ears or supraorbital region.

Lymphatic, including cystic hygroma, node biopsy, regional node dissection.

Musculoskeletal, including tumor biopsy or resection, amputation, excision ganglion or Baker's cyst, excision supernumerary digit, fasciotomy, muscle biopsy.

Miscellaneous specific privileges including: Submucous cystectomy, urinary diversion, ileal loop, ureterosigmoidostomy Cystoscopy-diagnostic, renal biopsy, cystectomy, partial cystectomy, nephrostomy/pyelostomy, cystostomy, ureterostomy, pyeloplasty, ureteral reconstruction, circumcision, and orchidopexy, orchiectomy, exploration for torsion testis or appendages.

Endoscopy, including flexible and rigid laryngo-tracheo bronchoscopy, flexible and rigid esophago-gastroduodenoscopy, flexible and rigid ano-recto-colonoscopy.

Critical Care, including management of the multiply-injured child. This includes complete surgical care of the newborn in the neonatal intensive care unit and complete surgical care of the child in the pediatric intensive care unit.

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

Scope of Practice/Privileges

LAPAROSCOPY, including but not limited to cholecystectomy, splenectomy, fundoplication, intestinal resection, appendectomy, oophorectomy, intestinal pull-through and diagnostic laparoscopy.

Minimum training and experience

New Faculty must have:

Completed Pediatric Surgery Fellowship Training Program Director documentation of Laparoscopic and Thorascopic experience

OR

Proof of Laparoscopy/Thoracoscopy Course consisting of at least twelve (12) hours or more CME credits to include didactic lectures and “hands on” experience in a live animal laboratory.

Current faculty must demonstrate:

Proof of Laparoscopy/Thoracoscopy course or have been proctored in 5 cases by a privileged surgeon.

OR

Be proficient in laparoscopic surgery, as evidenced by successful performance of at least 20 laparoscopic procedures in the past 12 months, and letter from Pediatric Surgery Section Head attesting to surgeon’s proficiency in advanced laparoscopic surgery.

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

Scope of Practice/Privileges

THORACOSCOPY including but not limited to diagnostic thoracoscopy, lung biopsy, lobectomy, excision of mediastinal mass and repair of diaphragm.

Minimum Training and Experience:

New Faculty must have:

Completed Pediatric Surgery Fellowship Training Program Director documentation of Laparoscopic and Thorascopic experience

OR

Proof of Laparoscopy/Thoracoscopy course consisting of at least twelve (12) hours or more CME credits to include didactic lectures and “hands on” experience in a live animal laboratory.

Current faculty must demonstrate:

Proof of Laparoscopy/Thoracoscopy course or have been proctored in 5 cases by a privileged surgeon.

OR

Be proficient in thorascopic surgery, as evidenced by successful performance of at least 20 thorascopic procedures in the past 12 months, and letter from Pediatric Surgery Section Head attesting to surgeon’s proficiency in advanced thorascopic surgery.

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

Scope of Practice/Privileges

LAPAROSCOPIC BARIATRIC SURGERY

Minimum Training and Experience:

Eligibility: MD or DO, who has successfully completed an accredited residency program in pediatric surgery and is fully credentialed with clinical privileges in pediatric surgery. In addition, he/she must:

Have completed a recognized fellowship in laparoscopic and bariatric surgery within the past 2 years

OR

Be proficient in laparoscopic surgery, as evidenced by successful performance of at least 20 laparoscopic procedures in the past 12 months and letter from the Pediatric Surgery Section Head attesting to surgeon's proficiency in advanced laparoscopic surgery.

AND

Surgeon must have performed least 10 laparoscopic bariatric procedures under the direct supervision of an outside preceptor or U-M surgeon with credentials in laparoscopic bariatric surgery. A letter from this preceptor must attest to this experience and the surgeon's ability to perform this procedure safely without supervision.

Reappointment: Must be able to demonstrate maintained competence by successful completion of at least 20 successful laparoscopic bariatric surgical procedures during the past 24 months. In addition, the applicant must provide evidence of continuing medical education credits related to bariatric surgical procedures.

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

Scope of Practice/Privileges

Pediatric Surgery – BASIC

Initial Applicants - To be eligible to apply for privileges in pediatric general surgery, the initial applicant must meet the following criteria:

Successful completion of Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in general surgery followed by successful completion of an accredited fellowship in pediatric surgery.

AND

Current subspecialty certification or board eligible (with achievement of certification within five years of completion of training) leading to subspecialty certification in pediatric surgery by the American Board of Surgery or international equivalent.

AND

Required Current Experience: Demonstrated current competence and evidence of at least fifty (50) pediatric surgery patient encounters, reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Pediatric Surgery – BASIC

1. Perform history and physical exam
2. Office based procedures and treatments
3. Operative assisting as the non-primary consultative surgeon in select cases to include colorectal and oncology.
4. **Non**-operative call for trauma and acute care surgery

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

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 minimum 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 (please explain) _____

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.

FPPE FOR NEW HIRES AND THOSE ADDING PRIVILEGES

Focused Professional Practice Evaluation (FPPE) – A process whereby the Medical Staff evaluates the competency and professional performance of a provider under the following circumstances: When privileges are initially granted for a new hire (FPPE-NH), at the granting of a new privilege (FPPE-NP), and at other times as determined by department leadership regarding a specific practice concern (FPPE-PC). It is required that data supporting this plan be kept on file in the Department. It is required that data supporting this plan be kept on file in the department. (Use department developed documentation tool or choose a form provided at OCA OPPE/FPPE website.) Periodic audits will be conducted.

Requirements for Surgery/Section of Pediatric Surgery

- Key portions of 3 operations/surgeries representing the spectrum of anticipated care of practice must be observed by monitor.
- Review of practice in clinical setting through review of charts and cases with mentor for a period of six weeks.
- Review of established surgical outcomes.

The Service Chief or Designee agrees to be responsible for monitoring the subject practitioner's ability to provide independent quality patient care that is current and appropriate.

Department Chair: _____ Date: _____ Service Chief: _____ Date: _____

CREDENTIALS COMMITTEE ACTION:

_____ Approval as Requested _____ Not Approved (please explain) _____

Credentials Committee Member: _____ Date: _____

EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS ACTION:

_____ Approval as Requested _____ Not Approved (please explain) _____

Executive Committee On Clinical Affairs - Member: _____ Date: _____