MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

PEDIATRIC GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

Applicant: Check off the "Requested" box for each privilege requested. 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 any doubts related to qualifications for requested privileges.

Service Chief / Department Chair: Check the appropriate box for recommendation on this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- 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.

QUALIFICATIONS FOR PEDIATRIC GENERAL SURGERY

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 UMHS approved international equivalent.

AND

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

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PEDIATRIC GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

CORE PRIVILEGES – PEDIATRIC GENERAL SURGERY

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

Admit, evaluate, diagnose, consult and provide surgical management (including pre and post-operative) to children (including newborn and infants), adolescents and young adults with congenital and acquired abnormalities and diseases, whether developmental, inflammatory, neoplastic, or traumatic. 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.

Focused Professional Practice Evaluation (FPPE NEW HIRE/NEW PRIVILEGE) guidelines: New physicians will be monitored for their initial five (5) procedures that are a representative mix of privileges granted. Methods must include direct observation, and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

Reappointment (Renewal of Privilege) Requirements - To be eligible to renew privileges in Pediatric Surgery, the re-applicant must meet the following criteria:

Board certification, board eligibility (with achievement of certification within five years of completion of training), or UMHS approved international equivalent.

AND

Current demonstrated competence and experience with at least one hundred (100) pediatric surgical procedures, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

QUALIFICATIONS FOR PEDIATRIC SURGERY – BASIC

Initial Applicants - To be eligible to apply for privileges in Pediatric Surgery-Basic, 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 UMHS approved international equivalent.

AND

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PEDIATRIC GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

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 clinical fellowship within the past 12 months.

CORE PRIVILEGES – PEDIATRIC SURGERY – BASIC

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

Evaluate, diagnose, treat, consult, provide non-operative management (including pre and post-operative), and operative assisting as the non-primary surgeon to children (including newborn and infants), adolescents and young adults with congenital and acquired abnormalities and diseases, whether developmental, inflammatory, neoplastic, or traumatic. 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.

Focused Professional Practice Evaluation (FPPE NEW HIRE/NEW PRIVILEGE) guidelines: New physicians will be monitored for their initial five (5) patient encounters that are a representative mix of privileges granted. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

Reappointment (Renewal of Privilege) Requirements - To be eligible to renew privileges in Pediatric Surgery - Basic, the re-applicant must meet the following criteria:

Board certification, board eligibility (with achievement of certification within five years of completion of training), or UMHS approved international equivalent.

AND

Current demonstrated competence and experience with at least one hundred (100) pediatric surgery patient encounters, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

EDUCATION PRIVILEGES

QUALIFICATIONS FOR GASTROINTESTINAL AND COLORECTAL PEDIATRIC SURGERY: EDUCATION (PRACTICING SPECIALIST GAINING ADDITIONAL TRAINING)

Initial Applicants - To be eligible to apply for privileges in Gastrointestinal and Colorectal Pediatric Surgery - Education, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in General Surgery.

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PEDIATRIC GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

AND

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

CORE PRIVILEGES – GASTROINTESTINAL AND COLORECTAL PEDIATRIC SURGERY: EDUCATION (PRACTICING SPECIALIST GAINING ADDITIONAL TRAINING)

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

Scope of Practice/Privileges: Qualified clinicians will receive additional training in the inpatient and outpatient pediatric surgical environment. They will be supervised by BC/BE University of Michigan faculty in Pediatric Surgery, for all pediatric surgery activities including admission, evaluation, diagnosis, treatment, consultation, non-operative call coverage, providing pre-operative and post-operative surgical management, and providing operative assisting as the non-primary surgeon to children (including newborn and infants), adolescents and young adults with congenital and acquired abnormalities and diseases, whether developmental, inflammatory, neoplastic, or traumatic within the scope of the gastrointestinal and colorectal pediatric surgery training program. 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.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: Each non-ACGME Pediatric Surgery fellow will be monitored for their initial five (5) procedures that are a representative mix of privileges granted. Methods must include direct observation, and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback. They will remain under the general supervision of BC/BE University of Michigan faculty in Pediatric Surgery for all clinical activities while participating in this program.

Reappointment (Renewal of Privileges) Requirements – Applicants are NOT eligible for reappointment for these privileges since the training program is one-year duration.

QUALIFICATIONS FOR ONCOLOGY PEDIATRIC SURGERY: EDUCATION (PRACTICING SPECIALIST GAINING ADDITIONAL TRAINING)

Initial Applicants - To be eligible to apply for privileges in Oncology Pediatric Surgery - Education, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in General Surgery.

AND

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PEDIATRIC GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

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

CORE PRIVILEGES - ONCOLOGY PEDIATRIC SURGERY: EDUCATION (PRACTICING SPECIALIST GAINING ADDITIONAL TRAINING)

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

Scope of Practice/Privileges: Qualified clinicians will receive additional training in the inpatient and outpatient pediatric surgical environment. They will be supervised by BC/BE University of Michigan faculty in Pediatric Surgery, for all pediatric surgery activities including admission, evaluation, diagnosis, treatment, consultation, non-operative call coverage, providing pre-operative and post-operative surgical management, and providing operative assisting as the non-primary surgeon to children (including newborn and infants), adolescents and young adults with congenital and acquired abnormalities and diseases, whether developmental, inflammatory, neoplastic, or traumatic within the scope of the oncology pediatric surgery training program. 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.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: Each non-ACGME Pediatric Surgery fellow will be monitored for their initial five (5) procedures that are a representative mix of privileges granted. Methods must include direct observation, and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback. They will remain under the general supervision of BC/BE University of Michigan faculty in Pediatric Surgery for all clinical activities while participating in this program.

Reappointment (Renewal of Privileges) Requirements – Applicants are NOT eligible for reappointment for these privileges since the training program is one-year duration.

QUALIFICATIONS FOR FETAL PEDIATRIC SURGERY: EDUCATION (PRACTICING SPECIALIST GAINING ADDITIONAL TRAINING)

Initial Applicants - To be eligible to apply for privileges in Fetal Pediatric Surgery - Education, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in General Surgery.

AND

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

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PEDIATRIC GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

CORE PRIVILEGES – FETAL PEDIATRIC SURGERY: EDUCATION (PRACTICING SPECIALIST GAINING ADDITIONAL TRAINING)

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

Scope of Practice/Privileges: Qualified clinicians will receive additional training in the inpatient and outpatient pediatric surgical environment. They will be supervised by BC/BE University of Michigan faculty in Pediatric Surgery, for all pediatric surgery activities including admission, evaluation, diagnosis, treatment, consultation, non-operative call coverage, providing pre-operative and post-operative surgical management, and providing operative assisting as the non-primary surgeon to children (including newborn and infants), adolescents and young adults with congenital and acquired abnormalities and diseases, whether developmental, inflammatory, neoplastic, or traumatic within the scope of the fetal pediatric surgery training program. 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.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: Each non-ACGME Pediatric Surgery fellow will be monitored for their initial five (5) procedures that are a representative mix of privileges granted. Methods must include direct observation, and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback. They will remain under the general supervision of BC/BE University of Michigan faculty in Pediatric Surgery for all clinical activities while participating in this program.

Reappointment (Renewal of Privileges) Requirements – Applicants are NOT eligible for reappointment for these privileges since the training program is one-year duration.

QUALIFICATIONS FOR ACUTE CARE AND TRAUMA: EDUCATION (PRACTICING SPECIALIST GAINING ADDITIONAL TRAINING)

Initial Applicants - To be eligible to apply for privileges in Acute Care and Trauma - Education, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in General Surgery.

AND

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

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PEDIATRIC GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

CORE PRIVILEGES – ACUTE CARE AND TRAUMA SURGERY: EDUCATION (PRACTICING SPECIALIST GAINING ADDITIONAL TRAINING)

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

Scope of Practice/Privileges: Qualified clinicians will receive additional training in the inpatient and outpatient pediatric surgical environment. They will be supervised by BC/BE University of Michigan faculty in Pediatric Surgery, for all pediatric surgery activities including admission, evaluation, diagnosis, treatment, consultation, non-operative call coverage, providing pre-operative and post-operative surgical management, and providing operative assisting as the non-primary surgeon to children (including newborn and infants), adolescents and young adults with congenital and acquired abnormalities and diseases, whether developmental, inflammatory, neoplastic, or traumatic within the scope of the acute care and trauma surgery training program. 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.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: Each non-ACGME Pediatric Surgery fellow will be monitored for their initial five (5) procedures that are a representative mix of privileges granted. Methods must include direct observation, and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback. They will remain under the general supervision of BC/BE University of Michigan faculty in Pediatric Surgery for all clinical activities while participating in this program.

Reappointment (Renewal of Privileges) Requirements – Applicants are NOT eligible for reappointment for these privileges since the training program is one-year duration.

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PEDIATRIC GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

Non-Core Privileges are requested individually in addition to requesting the core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria as applicable to the initial applicant or reapplicant.

FETAL SURGERY

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

***Criteria*:** Qualify for and hold pediatric general surgery privileges and successful completion of a one-year clinical fellowship in fetal surgery or the equivalency in experience and training.

Required Current Experience: Demonstrated current competence and evidence of at least ten (10) fetal surgery procedures in the past 12 months, or successful completion of training in the past 12 months.

FPPE NEW HIRE/NEW PRIVILEGE: New physicians will be monitored for their first five (5) procedures. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

***Renewal of Privilege*:** Demonstrated current competence and evidence of at least ten (10) fetal surgery procedures as primary or assisting surgeon in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Includes: Open fetal surgery, Ex-utero Intrapartum Treatment (EXIT) procedures, and Fetoscopic laser treatment for Twin-to-Twin Transfusion Syndrome (TTTS) (separate application required for Laser privileges).

BARIATRIC SURGERY (OPEN OR LAPAROSCOPIC)

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

***Criteria*:** Qualify for and hold pediatric general surgery privileges and successful completion of an accredited bariatric surgery fellowship or documentation of previous bariatric surgery experience and formal didactic training in bariatric surgery. Physicians who primarily perform laparoscopic bariatric surgery are also granted open bariatric surgery privileges.

Required Current Experience: Demonstrated current competence and evidence of the performance of at least five (5) bariatric surgery procedures in the past 12 months or completion of training in the past 12 months.

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PEDIATRIC GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

FPPE NEW HIRE/NEW PRIVILEGE: New physicians will be monitored for their first five (5) procedures. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

***Renewal of Privilege*:** Demonstrated current competence and evidence of the performance of at least ten (10) bariatric procedures in the past 24 months based on results of ongoing professional practice evaluation and periodic review of outcomes from an acceptable regional or national outcomes registry. In addition, continuing education related to bariatric surgery is required.

Includes: adjustable gastric banding, biliopancreatic diversion with duodenal switch, biliopancreatic diversion without duodenal switch, revisional bariatric surgery, Roux-en-Y gastric bypass, sleeve gastrectomy, and vertical banded gastroplasty

EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) – ECMO PERIPHERAL CANNULATION WITH DUAL LUMEN CANNULAS

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

Scope of privileges: ECMO is an extracorporeal technique of providing both cardiac and respiratory support to patients whose heart and lungs are so severely diseased or damaged that they can no longer serve their function. ECMO should only be performed by clinicians with training and experience in its initiation, maintenance, and discontinuation.

***Criteria**:** Successful completion of an accredited ACGME or AOA post graduate training program in Cardiothoracic Surgery, Congenital Cardiac Surgery, Anesthesiology – Critical Care Medicine, Interventional Cardiology, Pediatric Cardiology, Pediatric Surgery, IM – Critical Care Medicine, or Surgical Critical Care that included training in DUAL lumen cannulation for ECMO, or UMHS approved international equivalent that included training in DUAL lumen cannulation for ECMO. If completion of accredited post graduate training in one of the above specialties had no training in DUAL lumen cannulation for ECMO, applicants must demonstrate evidence of completion of ECMO Management course work (didactic learning, and simulation and/or hands-on training) in DUAL lumen cannulation for ECMO.

**Specialty names mentioned under above Criteria are based on ACGME naming convention*

Required Current Experience: Demonstrated current competence and experience with placing DUAL lumen cannulae in at least three (3) ECMO patients in the past 12 months as the primary proceduralist or assisting proceduralist or completion of training in the past 12 months. (This training could include completion of accredited post graduate training that included training in DUAL lumen cannulation for ECMO OR completion of ECMO course work (didactic learning, and simulation and/or hands-on training) in DUAL lumen cannulation.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be proctored in person for the first three (3) ECMO DUAL lumen cannulations***.*** Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

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PEDIATRIC GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

Renewal of Privilege: Demonstrated current competence and experience with placing DUAL lumen cannulae in at least three (3) ECMO patients in the past 24 months as the primary proceduralist or assisting proceduralist based on results of ongoing professional practice evaluation and outcomes. This volume can be supplemented with simulation in order to achieve three (3) ECMO patients within the past 24 months.

EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) – MANAGING PHYSICIAN

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

Scope of privileges: ECMO is an extracorporeal technique of providing both cardiac and respiratory support to patients whose heart and lungs are so severely diseased or damaged that they can no longer serve their function. ECMO should only be performed by clinicians with training and experience in its initiation, maintenance, and discontinuation.

Criteria*: Successful completion of an accredited ACGME or AOA post graduate training program in Anesthesiology – Critical Care Medicine, Cardiothoracic Surgery, Congenital Cardiac Surgery, Neonatal – Perinatal Medicine, Pediatric Cardiology, Pediatric - Critical Care Medicine, Pediatric Surgery, IM – Critical Care Medicine, or Surgical Critical Care, that included training in ECMO or UMHS approved international equivalent that included training in ECMO. If completion of accredited post graduate training in one of the above specialties had no training in ECMO, applicants must demonstrate evidence of completion of ECMO Management course work inclusive of didactic and simulation and/or hands-on training.

**Specialty names mentioned under above Criteria are based on ACGME naming convention*

Required Current Experience: Demonstrated current competence and experience with at least three (3) ECMO patients in the past 12 months or completion of training in the past 12 months. (This training could include completion of accredited post graduate training that included ECMO Management OR completion of ECMO Management course work inclusive of didactic and simulation and/or hands-on training).

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be proctored in person for the first five (5) days of ECMO care***.*** Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

Renewal of Privilege: Demonstrated current competence and experience with at least three (3) ECMO patients in the past 24 months based on results of ongoing professional practice evaluation and outcomes. This volume can be supplemented with ECMO simulation that is comprised of both individual and team simulation in order to achieve three (3) ECMO patients within the past 24 months.

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PEDIATRIC GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

SPECIAL INSTITUTIONAL PRIVILEGES (SEPARATE APPLICATION REQUIRED)

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

- ►**FLUOROSCOPY**
- ►**HYPERBARIC OXYGEN THERAPY**
- ►**LASER**
- ►**ROBOTIC SURGICAL PLATFORM**
- ►**CHEMOTHERAPY (FOR NON-ONCOLOGIST)**
- ►**SEDATION PRIVILEGES (FOR A NON-ANESTHESIOLOGIST)**
- ►**BATTLEFIELD AURICULAR ACUPUNCTURE**

PLEASE go to URL: www.med.umich.edu/i/oca/mss/pdocs for instructions, or contact your Clinical Department Representative.

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PEDIATRIC GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

CORE PROCEDURE LIST

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.

To the applicant: *If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.*

1. Perform history and physical exam
2. Advanced laparoscopic procedures e.g. adrenalectomy; common duct exploration / stone extraction; , cholecystectomy, splenectomy, fundoplication, intestinal resection, appendectomy, oophorectomy, intestinal pull-through and diagnostic laparoscopy.
3. Anoscopy
4. Anorectal malformations
5. Antireflux procedure
6. Appendectomy
7. Bronchoscopy – rigid and flexible
8. Catheterization of bladder
9. Circumcision
10. Correction of intussusception
11. Correction of malrotation of intestine, Hirschprungs disease, intestinal obstructions (including newborn)
12. ECMO PERIPHERAL SINGLE Lumen cannulations (This will exclude ECMO CENTRAL SINGLE lumen cannulations and DUAL lumen cannulations)
13. Endoscopy (intraoperative)
14. EGD with and without biopsy (intraoperative)
15. Esophagoscopy
16. Excision of Meckel's diverticulum
17. Excision of neck masses
18. Excision of subcutaneous cysts or tumors; subcutaneous foreign body removal
19. Excision of thyroglossal duct cyst
20. Excision of thyroid tumors
21. Gastrointestinal esophageal dilatation, gastroscopy, G-tube placement, gastroduodenoscopy
22. Gastrostomy open, laparoscopic or percutaneous endoscopic
23. Incision and drainage of abscesses and cysts
24. Ingrown toenail management
25. IV access procedures, central venous catheter, and ports. Arterial line.
26. Jejunostomy
27. Laparotomy and laparoscopy for diagnostic or exploratory purposes
28. Laryngoscopy
29. Lower intestinal endoscopy (intraoperative)
30. Lymph node biopsy
31. Management of burns
32. Management of congenital defects of the abdominal wall and diaphragm excluding groin and umbilical hernia

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Name: _____

33. Management of intra-abdominal malignancy
34. Management of intra-abdominal trauma
35. Management of multiple trauma
36. Management of soft tissue tumors, inflammation, infection
37. Management of surgical trauma
38. Management of tracheoesophageal fistulas or other congenital anomalies of the upper respiratory tract or the upper intestinal tract
39. Operations on liver, gallbladder, biliary tract, bile ducts, hepatic ducts, including biliary tract reconstruction
40. Parathyroidectomy / thyroidectomy
41. Peripheral arterial/venous access, percutaneous or cutdown
42. Pilonidal disease management
43. Pyloromyotomy
44. Rectal biopsy
45. Simple excision, biopsy (skin)
46. Small bowel surgery for benign or malignant disease
47. Splenectomy / Splenorrhaphy (trauma, staging, therapeutic)
48. Surgery of the abdominal wall, including management of inguinal, femoral, ventral, paraesophageal, laparoscopic and open repair of hernias, including orchiopexy in association with hernia repair
49. Thoracentesis and tube thoracostomy
50. Thoracotomy or thoracoscopy with pleurectomy, lung biopsy, lobectomy, excision of benign and malignant thoracic lesions, congenital diaphragmatic hernia
51. Tissue laceration repair
52. Tracheostomy

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

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Name: _____

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Michigan Medicine, and I understand that:

a. In exercising any clinical privileges granted, I am constrained by 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 Printed Name_____

Signed_____ ***Date***_____

SERVICE CHIEF / DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

☐ Recommend all requested privileges.
☐ Recommend privileges with the following conditions/modifications:
☐ Do not recommend the following requested privileges:

Privilege	***Condition/Modification/Explanation***
1. _____	_____
2. _____	_____
3. _____	_____

Notes

_____

_____

_____

Service Chief Printed Name_____

Service Chief Signature_____ ***Date***_____

Department Chair Printed Name_____

Department Chair Signature_____ ***Date***_____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials Committee Action ***Date***_____

Executive Committee on Clinical Affairs Action ***Date***_____

Governing Board Action ***Date***_____