



**University of Michigan
Hospitals and Health Centers**

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

Name: _____
Please print or type

CORE PRIVILEGES

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

Minimum Training and Experience

M.D. or D.O. degree

Successful completion of an approved residency training program in General Surgery. Training in General Surgery includes five years of General Surgery residency.

For those joining the faculty immediately after completion of General Surgery Residency Program, a letter of reference from the Director of the residency program at which the applicant trained documenting satisfactory completion of the program (including adequate case volume and demonstration of competency in patient care required by the American Board of Surgery prior to certifying examination); two additional supporting letters from General Surgery faculty of the candidate's residency program. Certification by the American Board of Surgery within 3 years is required.

For those joining the faculty after having already been practicing General Surgery elsewhere: two letters of reference from general surgeons who can attest to the applicant's competency in patient care and teaching abilities; three additional supporting letters from general surgeons who are acquainted with the applicant's current professional status, medical practice, and involvement in the field of General Surgery. Certification by the American Board of Surgery is required if the applicant has graduated from a General Surgery training program more than three years before the time of expected appointment.

All current and new faculty in General Surgery will spend at least three months on service each year. Exceptions to this for defined special periods of up to one year (e.g., sabbatical periods) require approval by the department chair.

Current and new faculty are expected to have successfully completed an approved General Surgery residency of at least five years.

Scope of Practice/Privileges

The Section of General Surgery at the University of Michigan has responsibility for all aspects of care of patients whose problems fall in areas that constitute the principle components of Surgery training as defined by the American Board of Surgery. Those areas include, but are not limited to, diseases of the skin, soft tissues, diseases of the breast, diseases of the head and neck, alimentary tract, abdomen, vascular system, endocrine system, the care of patients undergoing organ transplants, including kidney, liver and pancreas, the care of patients having experienced trauma and emergencies and aspects of surgical critical care.

The care provided includes all aspects of preoperative surgical care. The care provided includes all aspects of preoperative evaluation, operative intervention and postoperative follow-up. Diagnostic studies done by members of the Section of General Surgery include ultrasonographic evaluations and image guided tissue sampling of specific areas of the body as a part of the diagnosis, treatment and follow-up of relevant diseases, and the performance of all endoscopic procedures relevant to the diagnosis and treatment of various alimentary tract disorders, as well as bronchoscopic evaluation of patients in the intensive care unit setting. Surgical procedures performed are diverse, but include all procedures outlined below.

The Section of General Surgery encompasses seven divisions with defined areas of special expertise, however, all members of the Section possess global surgical skills encompassed by the principle components of Surgery.

Members of each division have special expertise in, but are not limited, to the specialty interests of that division.

Privileges include the following representative list. It is not intended to be all-encompassing, but rather to reflect the categories/types of patient problems included in the description of privileges. The privileges include the capability to perform the noted procedure using various techniques and approaches as appropriate for the patient, including open surgical approaches, or other video-based approaches, endoscopic techniques and image-guided techniques, or combinations of these.

- Abdominal wall surgery to include management of all forms of hernias: -diaphragmatic -inguinal - orchiectomy in association with hernia repair or debridement for infection or trauma
- Abscesses and cysts, incision and drainage
- Admit, examine, diagnose, consult, and provide pre-, intra-, and postoperative surgical care and procedures for patients of all ages in all areas that constitute the principal components of general surgery.
- Adrenalectomy –open, retroperitoneal
- Amputations: -above/below knee -digits -toe -transmetatarsal
- Aneurysm repair
- Ano/fistulotomy, excision of fistula, anoplasty
- Anorectal region, inflammations/infections
- Appendectomy
- Arterial catheters, insertion and management of
- Biliary enteric anastomosis
- Biliary tract resection/reconstruction
- Biopsies, including but not limited to: -artery, -breast, -liver, -lymph node, -nerve
- Blood vessel repairs
- Breast abscess, incision and drainage
- Breast lesion, excision

- Bronchoscopy
- Bypass grafts, vein/artery
- Carotid body tumor, excision
- Central venous catheters, insertion and management
- Cholecystectomy
- Choledochoscopy
- Choledochotomy
- Colectomy, partial or complete, open
- Colonoscopy
- Colostomy
- Colotomy
- Duodenotomy for: -biopsy -exploration -foreign body removal
- Embolectomy, with or without catheter
- Endoscopic procedures
- Enteric fistulae management
- Enterostomy (feeding or decompression)
- Enterostomy of small intestine, incision, excision, resection
- Esophageal resection/reconstruction
- Esophagectomy, transhiatal
- Esophagogastrectomy
- Esophagogastroduodenoscopy
- Extremity biopsy/incision and drainage
- Fine needle aspiration biopsy
- Fistulectomy
- Fluid and electrolyte balance
- Foreign body removal
- Ganglion (palm or wrist/flexor sheath) removal of
- Gastric operations for cancer, to include, but not limited to: -partial -radical -total gastrectomy
- Gastric procedures for morbid obesity
- Gastroduodenal surgery
- Gastrointestinal tract testing and evaluation

- Gastrostomy (feeding or decompression)
- Gastrotomy
- Hemipelvectomy, forequarter/hindquarter amputations
- Hemorrhoidectomy, including banding, ligation and sclerotherapy
- Hepatic resection, infusion
- Hidradenitis, excision of skin/subcutaneous tissue
- Hyoid fracture, open treatment
- Hysterectomy, as part of general surgical procedure
- Ileostomy, ileostomy takedown
- Insertion and management of chest tubes and central venous catheters
- Intestinal obstruction, correction of
- Intestinal reconstruction, including stricturoplasty, coloplasty, pyloroplasty, ileal pouch, colonic pouch and bypass
- Intra-abdominal abscess, drainage of
- Intra-abdominal trauma, management of
- Jejunostomy
- Laparotomy for: -diagnostic -exploratory -intra-abdominal sepsis, management -trauma
- Laryngoscopy
- Laryngotomy
- Local tissue transfer for wound closure
- Lumbar puncture
- Lymph node dissections, radical regional including: -inguinal -pelvic –radical and selective neck dissection -retroperitoneal
- Lymph node, excision/biopsy
- Mammary implant, removal
- Mammoplasty, augmentation with or without prosthetic implant
- Mastectomy -complete with or without axillary lymph node dissection -modified radical -partial, with or without lymph node dissection -radical -subcutaneous
- Mastopexy
- Multiple trauma, manage
- Nephrectomy/nephroureterectomy
- Nipple/areola reconstruction
- Oncologic disorders, including tumors of: -oral cavity -parathyroid -salivary glands -skin -thyroid

- Organ procurement for transplant, liver, lung, kidney
- Pancreatectomy
- Pancreatic sphincteroplasty
- Parathyroidectomy
- Parathyroid autograft
- Parotid tumor or gland excision
- Pelvic abscess, incision and drainage
- Pericardiocentesis
- Perirectal abscess, incision/drainage and debridement
- Peritoneal lavage
- Peritoneal venous shunts
- Peritoneovenous drainage procedures for relief of ascites
- Pilonidal cyst, incision/excision of
- Portal hypertension, shunt procedure
- Proctectomy, complete/partial
- Proctosigmoidoscopy
- Pulmonary wedge resection
- Rectal lesion, excision
- Retrosternal thyroid tumors, excision
- Salpingectomy associated with another abdominal procedure
- Sentinel lymph node biopsy for cancer
- Skin grafts (partial thickness, simple)
- Soft tissue tumors, management, resection, biopsy, excision
- Sphincterotomy
- Splenectomy - staging; - therapeutic; - trauma
- Splenorrhaphy
- Thoracentesis
- Thoracoabdominal exploration
- Thoracostomy, emergency
- Thrombectomy
- Thromboendarterectomy

- Thyroglossal duct cyst, excision of
- Thyroidectomy and neck dissection
- Tracheoplasty
- Tracheostomy
- Trauma surgery, including: -head and neck, thoracic, abdominal, multisystem
- Vagotomy, selective
- Varicosities, excision of
- Viscus, repair of perforated: - gastric; - large intestine; - small intestine

DIVISION OF ACUTE CARE SURGERY

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

Minimum Training and Experience

New faculty members in the Division of Acute Care Surgery are expected to have advanced training in this area of surgical care. This may include successful completion of a fellowship or other demonstration of particular interest and expertise in this area. In order to attend in the Intensive Care Units, the faculty member must be Board Eligible or Board Certified in Critical Care within 3 years.

Scope of Services/Privileges

Members of the Division of Acute Care Surgery care for a wide variety of patients including trauma, burns, as well as emergent and elective general surgical problems. The procedures involved in care of these patients are quite diverse. In addition, critically ill patients are cared for routinely on this service, including problems related to wound care, surgical metabolism and nutrition.

COLORECTAL SURGERY DIVISION

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

Minimum Training and Experience

New faculty members in Colorectal Surgery must be Board-eligible or Board Certified by the American Board of Colon and Rectal Surgery. Those who are Board-eligible must become Board Certified within 3 years.

New faculty members in Colorectal Surgery must be trained in an accredited program in Colon and Rectal Surgery.

Scope of Services/Privileges

Members of this division care for patients with diseases of the colon, rectum, and anus, as well as related general surgery problems. This includes the diagnostic evaluation and operative and non-operative management of these disorders. Lower GI endoscopy, polypectomy, and diagnostic studies of pelvic floor function, including EMG, defecography, sphincter manometry and transrectal ultrasound are all included in the scope of practice.

ENDOCRINE SURGERY DIVISION

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

Minimum Training and Experience

New faculty members in the Endocrine Surgery Division are expected to have advanced training in this area of surgical care. This may include successful completion of a fellowship or other demonstration of particular interest and expertise in this area.

Scope of Practice/Privileges

Members of the Division of Endocrine Surgery perform a wide variety of services related to problems of the endocrine organs. This includes the diagnostic evaluation and operative or non operative treatment of endocrine disorders.

GASTROINTESTINAL SURGERY DIVISION

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

Minimum Training and Experience

New faculty members in the Gastrointestinal Surgery Division are expected to have advanced training in this area of surgical care. This may include successful completion of a fellowship or other demonstration of particular interest and expertise in this area.

Scope of Practice/Privileges

Members of the Gastrointestinal Division care primarily for, but are not limited to, patients with problems involving the esophagus, stomach, small bowel, colon and anus, as well as problems involving the liver, biliary tree, pancreas and spleen. Special areas of interest are pancreaticobiliary surgery, surgery for inflammatory bowel disease and patients with alimentary tract neoplasms.

DIVISION OF MINIMALLY INVASIVE SURGERY

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

Minimum Training and Experience

New faculty members in the Division of Minimally Invasive Surgery are expected to have advanced training in this area of surgical care. This may include successful completion of a fellowship or other demonstration of particular interest and expertise in this area.

Scope of Practice/Privileges

Members of the Division of Minimally Invasive Surgery care primarily for, but are not limited to, patients with problems involving the body wall (hernias), bariatric surgery, and diseases of the esophagus, stomach, biliary tree, spleen small bowel, and colon and anus. Special areas of interest are body wall reconstruction, procedures to treat morbid obesity and minimally invasive approaches to gastrointestinal surgery.

SURGICAL ONCOLOGY DIVISION

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

Minimum Training and Experience

New faculty members in the Division of Surgical Oncology are expected to have advanced training in this area of surgical care. This will include successful completion of a fellowship for all new faculty members, unless they are in a surgical oncology/breast care fellowship at the University of Michigan.

Scope of Practice/Privileges

Members of the Division of Surgical Oncology function predominantly in the care of, but are not limited to, patients with cancer. These include any patients requiring surgery for oncologic disorders and also various innovative immunotherapy protocols which are appropriate for the patient population involved. Common disorders cared for by members of the Division include melanoma, breast cancer, lymphoma, hepatobiliary malignancies, malignancies of the alimentary tract, and all types of soft tissue sarcomas. Disorders of the spleen of hematologic nature are also cared for by members of the Division.

DIVISION OF TRANSPLANTATION SURGERY

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

Minimum Training and Experience

New faculty members in the Division of Transplantation Surgery are expected to have advanced training in this area of surgical care. This will include successful completion of a fellowship for all new faculty members, unless they are in a transplant fellowship at the University of Michigan.

Scope of Practice/Privileges

Members of the Division of Transplantation Surgery provide comprehensive care for patients requiring organ transplantation, including the liver, pancreas, and kidney. Such care includes preoperative, operative and postoperative evaluations and all aspects of immunosuppressive management. Pediatric transplantation is included as well as adult transplantation. Members of the Division of Transplantation Surgery also provide comprehensive care for liver failure and renal failure patients in need of general surgical procedures. An important area of care is related to providing dialysis access for renal failure patients. Likewise, the complications of procedures and disease processes occurring in the liver failure and renal failure patient population are cared for by members of the Transplant Division.

LEVEL II

Specific Requests for General Surgery

These privileges require additional specialty training and documentation of evidence that the applicant has received recognized postgraduate training or completed a preceptorship.

LAPAROSCOPY

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

Minimum Training and Experience

To be granted privileges in Laparoscopy in General Surgery, surgeons must:

Be fully qualified to perform the procedure and to handle potential complications of the procedure.

(a) Document that education in Laparoscopy has been obtained. This can be either documentation of attendance at a course which conforms to the guidelines of the Society of American Gastrointestinal Endoscopic Surgeons (SAGES) or a letter from the Director of the approved General Surgery Residency Program from which the surgeon has graduated. This letter should confirm that the surgeon is qualified to perform specific laparoscopic procedures, based on experience and knowledge about the indications, contraindications, and potential complications. Documentation of education in Laparoscopy should remain on file in the administrative offices of the institution that grants privileges.

(b) Perform at least five Laparoscopy procedures successfully during residency or under observation by a qualified surgeon who certifies the applicant's competence to perform Laparoscopy. Whenever possible, the certifying surgeon and the applicant should be administratively and economically independent of each other.

(c) Provide regular documentation of subsequent cases performed in a manner that is consistent with the standard of care at the University of Michigan.

LAPAROSCOPIC BARIATRIC SURGERY

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

Minimum Training and Experience

Eligibility: MD or DO, who has successfully completed an accredited residency program in general surgery and is fully credentialed with clinical privileges in the appropriate General Surgery Division. 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 General Surgery Section Head attesting to surgeon's proficiency in advanced laparoscopic surgery.

AND

Surgeon must have performed least 5 laparoscopic bariatric procedures under the direct supervision of an outside preceptor or University of Michigan 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.

ULTRASOUND AND ULTRASOUND-GUIDED TISSUE SAMPLING

Additional Education, Training and Experience

To be granted privileges in Ultrasound in General Surgery, surgeons must have both basic and specific qualifications:

Basic qualifications:

a. When residency and/or fellowship did include documented training and personal experience with performance and interpretation of the ultrasound examination and ultrasound-guided interventional procedures, the surgeon will be eligible for verification of qualifications in the basic use of Ultrasound on review of their documentation from their program director.

b. When residency or fellowship training did not include education and personal experience in the use of ultrasound, completion of a basic educational program in ultrasound physics and instrumentation, providing documentation similar to American College of Surgeons Level II, provides verification of qualifications in the use of ultrasound

Specific qualifications:

In addition to the basic ultrasound qualifications, surgeons are required to be qualified in the area of their area of technology application. Examples of specific ultrasound applications are: FAST examination in trauma; breast examination and biopsy; evaluation of the thyroid and parathyroid; transrectal examination of rectal tumors; and intraoperative and laparoscopic ultrasound. This requires current competence in the management of the relevant clinical condition together with clinical expertise and training in diagnostic ultrasound. The ability to distinguish abnormal findings, and to perform ultrasound-guided procedures in the relevant clinical condition is also necessary. These qualifications can be demonstrated by completion of an approved educational program in ultrasound pertaining to the clinical area of interest, either supported by satisfactory documentation from residency or fellowship training, or through completion of a specific American College of Surgeons Level II course. For surgeons without previous documented experience in ultrasound applications, a proctored experience of 5 patients examined (with tissue sampling if appropriate) with another clinician who does hold privileges for ultrasound use in that clinical area must be documented. This criterion may be met through documentation of ultrasound experience in residency training

Reappointment of qualifications

To maintain proficiency in ultrasound applications, surgeons must perform and interpret 24 ultrasound examinations (except intraoperative examinations, for which 10 will be required) over the 2 year period and have regular ultrasound-related Category 1 CME. Surgeons must document that a quality improvement process is established and that records are maintained.

FAST Examination in Trauma

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

Thyroid and Parathyroid Ultrasound

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

Transrectal Ultrasound

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

Intraoperative Abdominal Ultrasound

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

Breast Ultrasound

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

LEVEL III

PALLIATIVE MEDICINE PRIVILEGES

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

Minimum Training and Experience: A practicing subspecialist in Hospice and Palliative Medicine (HPM) must have successfully completed an M.D. or D.O. degree or equivalent, an accredited residency program, and a Hospice and Palliative Medicine Fellowship. HPM subspecialists are additionally expected to be board-certified within 5 years of appointment. Physicians who obtain HPM board certification through a practice pathway (i.e. 'grandparenting') before 2012 (MD) or 2014 (DO) will be exempt from the fellowship completion requirement.

Under exceptional circumstances, the Director of Adult Hospice and Palliative Medicine Program and Service Chief, Division of Geriatric and Palliative Medicine may make a request to the Credentialing and Privileging Committee that the fellowship training/board eligibility requirement be waived, if they determine that the applicant has received equivalent training and experience, and has demonstrated a high level of competence.

Scope of Practice/Privileges:

A Hospice and Palliative Medicine Physician provides subspecialty services in the comprehensive assessment and management of patients with advanced illness and their families, through end-of-life and bereavement. This care is provided, usually in interdisciplinary teams, in ambulatory, hospital, residential hospice and home settings.

Privileges include being able to admit, evaluate, diagnose, and provide palliative care treatment to patients with advanced illness and end of life disease. Physicians with these privileges have the highest level of competence in Hospice and Palliative Medicine on a par with that considered appropriate for a subspecialist. They are qualified to act as consultants and should, in turn, request consultation from within or from outside the medical center whenever needed.

Elements of subspecialty hospice and palliative medicine practice include, but are not limited to:

- Assessment and management of pain
- Assessment and management physical symptoms (pain, nausea, dyspnea, fatigue, etc)
- Assessment and management of psychological symptoms (depression, anxiety, grief, etc)
- Goals of care determination, and support for appropriate decision-making and treatment planning
 - Running family meetings
 - Managing interprofessional collaboration
 - Navigating complex or challenging communication
- Identification and management of spiritual distress
- Identification and management of bereavement needs, including complicated grief
- Leadership of interdisciplinary care teams focused on care of patients with serious illness, and their families

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:
