



**University of Michigan
Hospitals and Health Centers**

**Delineation of Privileges
Department of Internal Medicine
Division of Metabolism, Endocrinology and Diabetes
PODIATRY**

Name: _____
Please Print or Type

LEVEL I CORE PRIVILEGES

Minimum Training and Experience

All current and new staff: Must be a graduate of an approved three year school of podiatry, have completed an accredited residency program of at least 12 months, and be fully licensed. To maintain privileges, a minimum of 24 patients must be seen per year.

All new staff: Must be board certified or eligible by the American Board of Podiatric Orthopedics and Primary Podiatric Medicine or the American Board of Podiatric Surgery. If board eligible, a new residency graduate must become board certified within 3 years of eligibility to sit for the oral exam.

To maintain privileges, CME credits must be obtained according to Podiatric licensing board requirements.

Overall quality assurance will be the joint responsibility of the Service Chiefs of Endocrinology and Orthopaedics, with Orthopaedics providing expertise on issues involving podiatric procedures.

Scope of Practice/Privileges

The podiatrist is authorized to conduct that portion of the History and Physical examination related to the podiatrist activity. Procedures performed by staff must be appropriately limited in extent, duration, fluid shifts and pain to allow the expectation with reasonable certainty that the patient will be ready for home discharge within two (2) hours after completion.

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

Excision/biopsy lesion - foot

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

Avulsion of toenail plate

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

Fulguration, curettage or excision of verrucae

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

Repair of cutaneous and subcutaneous laceration/wound

- Requested (Applicant) Recommended approval (Service Chief/Chair)
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Cast/splints/strapping applications – foot pathology

- Requested (Applicant) Recommended approval (Service Chief/Chair)
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Removal of cutaneous foreign body - foot

- Requested (Applicant) Recommended approval (Service Chief/Chair)
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Debridement of skin: partial thickness, full thickness or subcutaneous tissue

- Requested (Applicant) Recommended approval (Service Chief/Chair)
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Arthrocentesis, aspiration and/or injection of small/intermediate joint, bursa or ganglion cyst

- Requested (Applicant) Recommended approval (Service Chief/Chair)
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Shaving of epidermal or dermal foot lesions

- Requested (Applicant) Recommended approval (Service Chief/Chair)
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Incision and drainage of onychia

- Requested (Applicant) Recommended approval (Service Chief/Chair)
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Excision of nail/nail matrix - partial or complete permanent or temporary

- Requested (Applicant) Recommended approval (Service Chief/Chair)
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Injection of anesthetic agent (peripheral nerve)

- Requested (Applicant) Recommended approval (Service Chief/Chair)
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Closed reduction of fracture: metatarsal, phalanges with or without manipulation

- Requested (Applicant) Recommended approval (Service Chief/Chair)
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I & D of hematoma

- Requested (Applicant) Recommended approval (Service Chief/Chair)
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Aspiration of abscess

- Requested (Applicant) Recommended approval (Service Chief/Chair)
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Bilaminar skin procedure: e.g., application of Dermagraft, Apligraf

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

Minimum Training and Experience

In addition to the requirements for Level I privileges, the following criteria must be met for Level II privileges.

New faculty: Must present an attestation of their training program director or chief(s) of service of current institution(s) as to clinical competence in requested procedures (selected from the list of procedures permitted).

Must complete five operative cases with acceptable quality of care, proctored by an Orthopaedic Surgery faculty member with training in foot and ankle surgery, or other faculty member designated by the Orthopaedic Department Chair.

Current Faculty: Continuing medical education consisting of 12 hours of AMA credits and privileges for comparable open procedures in Orthopaedic Surgery. Continued quality of care as documented by acceptable performance of a minimum of 5 relevant cases in the previous credentialing period as attested to by the Orthopaedic Department Foot and Ankle Service Chief (or other faculty member designated by the Orthopaedic Department Chair).

If volume requirement is not met: The faculty must complete five operative cases with acceptable quality of care, proctored by an Orthopaedic Surgery faculty member with training in Foot and Ankle surgery or other faculty member designated by the Orthopaedic Department Chair.

Scope of Level II Practice/Privileges: Limited to the forefoot, defined as distal to the tarsometatarsal joint.

Hammer/Claw Toe Surgery

Tenotomy flexor and extensor of toe

Hammertoe operation

Metatarsal osteotomy – (NOT including the 1st metatarsal)

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

Cheilectomy, debridement and capsular release

- Requested (Applicant) Recommended approval (Service Chief/Chair)
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Tailor's bunion/bunionette

Tailor's bunion/bunionette correction

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

Excision of nail and nail matrix, partial or complete, with amputation of tuft of distal phalanx

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

Skin – subcutaneous, muscle and bone

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

Neuroma resection

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

Reconstruction of soft tissue and bone distal to tarsal-metatarsal joint (e.g., polydactyly and syndactyly)

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

Amputation; distal to the tarsal-metatarsal joint

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

I have reviewed and/or discussed the privileges requested and find them to be commensurate with the applicant's 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 National Certification or qualifications to sit for the Certification.

METABOLISM, ENDOCRINOLOGY AND DIABETES:

Division Chief: _____ Date _____ Service Chief: _____ Date _____

INTERNAL MEDICINE:

Department of Internal Medicine Chair: _____ Date _____

