MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

# DEPARTMENT OF ORTHOPAEDICS

# PODIATRY (OPERATIVE) 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.
- Patients requiring admissions are admitted to a medical or surgical service and podiatry would be consulted. A Physician (MD/DO) is responsible for the care of any medical problem that may be present at the time of admission or that may arise during hospitalization.

## QUALIFICATIONS FOR PODIATRY (OPERATIVE)

***Initial Applicants -*** To be eligible to apply for privileges in podiatry (operative), the initial applicant must meet the following criteria:

Those completing residency training after 2011 must have completed three (3) years of a Council on Podiatric Medical Education (CPME) accrediting body podiatric residency program. Prior to 2011 they must have completed at least two (2) years of a CPME accrediting body podiatric residency program.

AND

Current board certification or board eligible leading to board certification by the American Board of Foot and Ankle Surgery (ABFAS) or the American Board of Podiatric Medicine.

AND

Required Current Experience: Demonstrated current competence and evidence of at least fifty (50) podiatric procedures, reflective of the scope of privileges requested, during the past 12 months or successful completion of a CPME-accredited podiatric surgery residency within the past 12 months.

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**CORE PRIVILEGES – PODIATRY (OPERATIVE)**

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

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

Evaluate and treat patients of all ages with operative and non-operative podiatric problems/conditions of the forefoot, and midfoot and non-reconstructive hindfoot, including common office based procedures not requiring an operating room and those that require an operating room. 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 NH/NP) guidelines:*** New physicians will be monitored for their initial five (5) cases 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 Privileges) Requirements -*** To be eligible to renew privileges in podiatry, the reapplicant 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) podiatric procedures, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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### 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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## CORE PROCEDURE LIST

*This list is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.*

***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

**Podiatry (Non-Operative) - Common office based procedures not requiring an Operating Room:**

1. Perform history and physical exam
2. Excision/biopsy lesion – foot
3. Treatment of nail pathology- debridement of fungal nails, paronychia management, nail avulsion, excision of nail & nail matrix, permanent or temporary, with or without soft tissue re-arrangement or amputation of tuft of distal phalanx
4. Fulguration, curettage or excision of verrucae
5. Anesthesia – topical, local, or regional block distal to the tibial plafond
6. Repair of cutaneous and subcutaneous laceration/wound
7. Cast/splints/strapping applications – foot pathology
8. Removal of cutaneous foreign body – foot
9. Perform wound debridement: removal of nonviable skin, full thickness, subcutaneous, muscle and bone; includes biopsy for infection management to the level of bone
10. Arthrocentesis, aspiration and/or injection of small/intermediate joint, bursa or ganglion cyst
11. Shaving or paring of epidermal or dermal foot lesions (e.g. callus)
12. Closed reduction of fracture: metatarsal, phalanges with or without manipulation
13. I & D of hematoma or abscess of the foot
14. Aspiration of abscess
15. Bilaminate skin procedure: e.g., application of Dermagraft, Apligraft
16. Toe amputation up to the Metatarsal Phalangeal Joint (MPJ): e.g. for infection or gangrene
17. Hammer toe correction - office based percutaneous flexor tenotomy

**Podiatry (Operative)**

1. Amputation of the forefoot, midfoot distal to the tarsal-metatarsal joint
2. Cutaneous wound debridement of foot, ankle, leg ulceration below the tibial tuberosity (e.g. diabetic ulcerations, venous ulcerations)
3. Bone, muscle and/or tendon debridement for infection distal to the tarsal-metatarsal joint
4. Excision of soft tissue mass (e.g. neuroma, ganglion)
5. External neurolysis/decompression, forefoot and midfoot
6. Hallux limitus/ rigidus correction with cheilectomy and debridement
7. Hammertoe/Claw Toe correction (includes tenotomy, arthroplasty & arthrodesis)

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8. Metatarsal excision, exostectomy, osteotomy for ulcer (excluding 1st ray osteotomy for bunion correction)
9. Removal of foreign body foot requiring Operating Room setting
10. Application of autogenic and skin equivalent, skin graft for foot, ankle, leg wound
11. Tailor's bunion/bunionette correction

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**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. _____ | _____ |

***Notes***

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_____

_____

***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***_____