

MIDLAND MEMORIAL HOSPITAL

Delineation of Privileges

DERMATOLOGY



Your home for healthcare

Physician Name: _____

Dermatology Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in dermatology:

- Basic education: MD or DO
- Minimum formal training: Successful completion of an ACGME- or AOA-accredited residency in dermatology and/or current certification

AND

- Active participation in the examination process (with achievement of certification within 5 years) leading to certification in dermatology by the ABD or AOB. (**Members of the Staff prior to the adoption of Bylaws 10/2007 are considered grandfathered in and are encouraged but not required to achieve board certification.*)

Required current experience:

- Applicants for initial appointment must be able to demonstrate provision of outpatient or consultative care, reflective of the scope of privileges requested, to at least 12 patients during the prior 12 months or demonstrate successful completion of an ACGME- or AOA accredited residency or clinical fellowship within the prior 12 months.

References for New Applicants

If recently trained, a letter of reference must come from the director of the applicant's dermatology training program. Alternatively, a letter of reference regarding competence should come from the applicable department chair or service chief at the institution where the applicant most recently practiced.

Reappointment

Reappointment should be based on unbiased, objective results of care according to the organization's existing quality improvement measure. Applicants must demonstrate current competence and provision of care to 24 outpatient/consultative patients with acceptable results, reflective of the scope of privileges requested for the previous 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Please check requested privileges.

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	
<p>Core Privileges: Core privileges in dermatology include the ability to admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, with benign and malignant disorders of the skin, mouth, external genitalia, hair, and nails, as well as sexually transmitted diseases. Core privileges also include the diagnosis and treatment of skin cancers, melanomas, moles, and other tumors of the skin, management of contact dermatitis and other allergic and non-allergic skin disorders, cosmetic disorders of the skin such as hair loss and scars, the skin changes associated with aging, and recognition of skin manifestations of systemic and infectious diseases. Physicians may also provide care to patients in the intensive care setting in conformity with unit policies. Privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p>			<p>Core privileges include but are not limited to:</p> <ul style="list-style-type: none"> • Botulinum toxin injection • Chemical face peels • Collagen injections • Cryosurgery • Destruction of benign and malignant tumors • Electrosurgery • Excision of benign and malignant tumors with simple, intermediate, and complex repair techniques including flaps and grafts • Interpretation of specially prepared tissue sections, cellular scrapings, and smears of skin lesions by means of routine and special (electron and fluorescent) microscopes • Intralesional injections • Patch tests • Perform history and physical exam • Photomedicine, phototherapy, and topical/systemic pharmacotherapy • Potassium hydroxide examination • Scalp surgery • Sclerotherapy • Skin and nail biopsy • Soft tissue augmentation • Tzanck smears • Dermabrasion

			<ul style="list-style-type: none"> • Use of lasers 	
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Criteria	
Refer-and-follow privileges			Privileges include performing outpatient preadmission history and physical, ordering noninvasive outpatient diagnostic tests and services, visiting patients in the hospital, reviewing medical records, consulting with the attending physician, and observing diagnostic or surgical procedures with the approval of the attending physician or surgeon.	
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Procedure	Criteria
<p>Non-Core Privileges: For each special request, threshold criteria (i.e., additional training or completion of a recognized course and required experience) must be established. Special requests for dermatology include.</p>			<input type="checkbox"/> Mohs micrograph surgery	<p>New Applicant: Evidence of the performance of at least 500 Mohs micrographic surgery procedures in the past 12 months or completion of training in the past 12 months.</p> <p>Reappointment: Evidence of the performance of 250 Mohs micrographic surgery procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to Mohs micrographic surgery may be required.</p>
			<input type="checkbox"/> Liposuction	<p>New Applicant: Applicants must have completed an ACGME/American Osteopathic Association (AOA) accredited surgical training program. If the residency program did not include liposuction training,</p> <ul style="list-style-type: none"> • Applicants must show completion of an accredited CME liposuction training program or equivalent experience. • Applicants must demonstrate that they performed 50 liposuction procedures (SAL and/or UAL) in the past 12 months. <p>Reappointment: Demonstrate their maintained competence with evidence that they performed 100 liposuction procedures (SAL and/or UAL) in the past 24 months. In addition, continuing education related to liposuction should be required.</p>
			<input type="checkbox"/> Moderate Sedation	<p>Meet the criteria set forth by the Rules and Regulations for Anesthesia Services and complete "Requirements for Moderate Sedation Privileges" form.</p>
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Privilege/Criteria	
<p>Current Privileges: List any current privileges not listed above in core or non-core. These privileges will remain in effect until the end of the current appointment period and then will be moved up to the appropriate core/non-core section.</p> <p>Please provide criteria and supporting documentation to medical staff office for any non-core privileges listed.</p>			<p>Core</p> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/>	
			<p>Non-Core</p> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/>	

To the applicant: If you wish to exclude any privileges, please strike through the privileges that you do not wish to request and then initial.

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request. 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 Midland Memorial Hospital. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested 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) Applicants have the burden of producing information deemed adequate by Midland Memorial Hospital for a proper evaluation of current competence, other qualifications and for resolving any doubts.

(c) I will request consultation if a patient needs service beyond my expertise.

Physician's Signature/Printed Name

Date

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

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

Privilege Condition/modification/explanation

Notes:

Department Chair/Chief Signature

Date