

MIDLAND MEMORIAL HOSPITAL

Delineation of Privileges

PROCEDURAL DERMATOLOGY



Your home for healthcare

Physician Name: _____

Procedural Dermatology Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in procedural dermatology:

- Basic education: MD or DO
- Minimum formal training: Successful completion of an ACGME or Mohs college approved fellowship for Mohs surgery or procedural dermatology.

AND

- Current certification or 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 200 dermasurgical procedures, reflective of the privileges requested, for the previous 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the previous 12 months.

References for New Applicants

If recently trained, a letter of reference must come from the director of the applicant's training program in procedural dermatology. 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 that they have maintained competence by showing evidence that they have provided an adequate volume of experience (400 dermasurgical procedures) with acceptable results in the 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 procedural dermatology include the ability to admit, evaluate, diagnose, provide consultation, and surgically treat diseases of the skin and adjacent mucous membranes, cutaneous appendages, hair, nails, and subcutaneous tissue to patients of all ages. Physicians may also provide care to patients in the intensive care setting in conformity with unit policies. Core 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"> • Performance of destruction techniques (electrosurgical, cryosurgical, chemical, and laser) • Excision of skin cancers, warts, and other skin lesions, followed by a layered closure • Hair transplantation • Skin rejuvenation techniques (dermabrasion, chemical peel, laser resurfacing, or rhinophyma correction) • Laser surgery; Laser phototherapy • Skin biopsy • Nail surgery • Cutaneous soft tissue augmentation with injectable filler material • Sclerotherapy • Electrosurgery for benign and malignant lesions (electrocoagulation, electrofulguration, electrodesiccation, electrosection, and electrocautery) • Scalpel surgery • Wedge excision (lip and ear)
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 procedural 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"/> Cutaneous soft tissue augmentation with injectable filler material	<p>New Applicant: Applicants must have completed an ACGME/American Osteopathic Association (AOA)-accredited surgical residency 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 10 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"/> Small-volume tumescent liposuction	<p>New Applicant: Applicants must have completed an ACGME/American Osteopathic Association (AOA)-accredited surgical residency 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>

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/> <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