Regions Hospital
Delineation of Privileges
Plastic and Hand Surgery

Applicant's Name: _____
Last First M.

Instructions:
- Place a check-mark where indicated for each core group you are requesting.
- Review *education and basic formal training* requirements to make sure you meet them.
- Review *documentation and experience* requirements and be prepared to prove them.
  - ✓ Note all renewing applicants are required to provide evidence of their current ability to perform the privileges being requested\
  - ✓ When documentation of cases or procedures is required, attach said case/procedure logs to this privileges-request form.
- Provide complete and accurate names and addresses where requested -- it will greatly assist how quickly our credentialing-specialist can process your requests.

Overview

Core I – general privileges in plastic surgery
Core II – general privileges in hand surgery
Special privileges
Laser

Core procedure list
Signature page

☐ CORE I — General privileges in plastic surgery

Privileges

Admit, evaluate, diagnose, provide consultation to patients of all ages presenting with congenital or acquired defects of the body's musculoskeletal system, cranio-maxillofacial structures, hand, extremities, breast and trunk, and external genitalia and soft tissue, including the aesthetic management. 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.

Basic education and minimal formal training

1. MD, DO, MBBS or MB BCH
2. Successful completion of an ACGME, AOA, Royal College of Physicians and Surgeons of Canada, or Professional Corporation of Physicians of Quebec approved residency in plastic surgery.
3. Current board certification or active participation in the examination process -- with achievement of certification within 6 years following completion of all postgraduate training -- leading to certification in plastic surgery by the American Board of Plastic Surgery, the American Osteopathic Board of Surgery in Plastic and Reconstructive Surgery, or the Royal College of Physicians and Surgeons of Canada.

Required documentation and experience

NEW APPLICANTS:

1. Provide documentation of at least 50 plastic and reconstructive surgery procedures, reflective of the privileges requested, performed in the past 12 months;
   Or
   Demonstrate successful completion of an accredited ACGME-, AOA-, Royal College of Physicians and Surgeons of Canada, or Professional Corporation of Physicians of Quebec residency, clinical fellowship, or research in a clinical setting within the past 12 months.
2. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your competency.

   Name: _____

   Name of Facility: _____

   Address: _____

   Phone: _____ Fax: _____

REAPPOINTMENT APPLICANTS:

1. Provide documentation of 100 plastic and reconstructive surgery procedures, reflective of the privileges requested, performed in the past 24 months.
   Or
   Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your competency.

   Name: _____

   Name of Facility: _____

   Address: _____

   Phone: _____ Fax: _____

☐ CORE II — General privileges in hand surgery

Privileges

Admit, evaluate, diagnose, treat, provide consultation and perform surgical procedures for patients of all ages presenting with diseases, injuries, and disorders, both congenital and acquired, of the hand, wrist, and related structures. 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.

Basic education and minimal formal training

1. MD, DO, MBBS, MB BCH
2. Successful completion of an ACGME, AOA, Royal College of Physicians and Surgeons of Canada, or Professional Corporation of Physicians of Quebec approved residency in general surgery, orthopedic or plastic surgery.
3. If preliminary training is in general surgery, successful completion of an accredited fellowship in surgery of the hand.

Required documentation and experience

NEW APPLICANTS:

1. Provide documentation of at least 25 plastic and reconstructive surgery procedures on the hand, reflective of the privileges requested, performed during the past 12 months;
   Or
   Demonstrate successful completion of an accredited ACGME-, AOA-, Royal College of Physicians and Surgeons of Canada, or Professional Corporation of Physicians of Quebec residency, clinical fellowship, or research in a clinical setting within the past 12 months.
2. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your competency.

Name: _____

Name of Facility: _____

Address: _____

Phone: _____ Fax: _____

REAPPOINTMENT APPLICANTS:

1. Provide documentation of 50 plastic and reconstructive surgery procedures on the hand, reflective of the privileges requested, performed during the past 24 months;
   Or
   Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your competency.

Name: _____

Name of Facility: _____

Address: _____

Phone: _____ Fax: _____

Special privileges – laser/s

Privilege

Laser/s — Indicate selection/s with an "X." Practitioner agrees to limit practice to the specific laser for which they provide training and experience documentation required below.

- ☐ Angiodynamics endovenus diode (model venus cure)
- ☐ Cardiogenesis Holium Yag (model ns 2000)
- ☐ Lumenis Holium Yag (model power suite 100W)
- ☐ Lumenis Holium Yag (model: power suite 20W)
- ☐ Iridex oculight TX KPP Yag (model 3200-1)
- ☐ Sharplan CO2 (model 1041S)
- ☐ SSI CO2 40W (model: MD40)
- ☐ Sciton

Basic education and minimal formal training

1. Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles;
   Or
   Completion of an approved 8–10 hour minimum CME course that included training in laser principles and a minimum of six hours observation and hands-on experience with lasers.

Required documentation and experience

NEW APPLICANTS:

1. Provide documentation of at least 5 laser procedures (for each laser selected) performed during the past 24 months.

REAPPOINTMENT APPLICANTS:

1. Provide documentation of 5 laser procedures (for each laser selected) performed during the past 24 months.

Core Procedure List — Plastic and Hand Surgery

To the applicant: Strike though procedures you do not wish to request.

This list is a sample of procedures included in the core. This is not intended to be all-encompassing but rather reflective of the categories/types of procedures included in the core.

Plastic surgery

1. GENERAL: Perform histories and physical exams. Appropriately apply fundamental principles of plastic surgery including basic and complex wound management using skin grafts, local tissues, regional flaps, and free tissue transfers.
2. BREAST: Management of disorders of the breast including augmentation, gynecomastia, implants, mastopexy, reconstruction, reduction, and congenital disorders such as tubular breast.
3. CRANIOFACIAL: Management of craniofacial disorders including congenital differences such as cleft lip and palate, craniofacial deformities, prominent ears, and other developmental disorders. Care of fractures of the mandible, maxilla, nose and periorbital structures. Repair of lacerations, excision of nevi and other skin and subcutaneous lesions. Skin cancer excision and reconstruction. Cosmetic surgery of the head and neck.
4. SKIN: Excision and reconstruction of skin cancers, moles, birthmarks, wounds. Care of pressure ulcers. Care of other nonhealing ulcers or wounds. Burn reconstruction. Skin grafting.
5. COSMETIC: Procedures including abdominoplasty, Botox and filler agents, breast rejuvenation, facial cosmetic surgery, repair of torn earlobes, liposuction.
6. TRUNK: sternal reconstruction, closure of complex wounds, management of pressure ulcers, reconstruction of structures of the perineum
7. EXTREMITIES: Repair and reconstruction of soft tissues, revascularization, coverage of complex wounds.

Hand Surgery

1. Perform history and physical exams.
2. Management of arthritis including arthroplasty and arthrodesis,
3. Management of congenital differences of the hand, wrist, and distal forearm
4. Management of acute and chronic injuries of soft tissue and bone including replantation and use of microvascular techniques.
5. Management of acquired conditions such as carpal tunnel syndrome and other nerve compressions, dupuytren's contracture, deQuervain's tenosynovitis, ganglion cysts, trigger digits.
6. Management of infection
7. Management of fractures and dislocations of the hand, wrist, and distal forearm.
8. Perform diagnostic and therapeutic injections

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 that I wish to exercise at Regions Hospital. I understand that:

1. In exercising any clinical privilege granted, I am governed by Regions Hospital and Regions Medical Staff policies and rules applicable generally and any applicable to the particular situation.
2. In an emergent situation I may perform a procedure for which I am not privileged when no practitioner holding the applicable procedure is available to respond to the emergency.

I agree to supply Regions Hospital Medical Staff Services (or designee) with all the information that has been requested of me for the privileges that I have applied for. I also understand that my application for privileges will not proceed until the information is received.

_____ _____

Signature Date

DIVISION / SECTION HEAD RECOMMENDATION

I have reviewed and/or discussed the clinical privileges requested 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.	
3.	
4.	

Notes:

_____ _____

Signature Date