



## Privileges in Hand Surgery Service

# SAMPLE

### Required Qualifications

<b>Education/Training</b>	Successful completion of an ACGME or AOA-accredited residency/fellowship in orthopaedic surgery or plastic surgery or foreign equivalent training. <b>AND</b> Current certification or active participation in the examination process leading to certification by the American Board of Surgery, American Board of Orthopaedic Surgery, or the American Board of Plastic Surgery or the Canadian equivalent, or the American Osteopathic Board of Surgery or foreign equivalent training/board. <b>AND</b> Documentation of the performance of at least 100 hand surgery procedures on inpatients or outpatients as the attending physician (or senior resident), at an accredited facility, during the past two years - documentation log required
<b>Additional Credentialing Criteria (Initial and Reappointment)</b>	In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years Use of Fluoroscopy Equipment- Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required Teaching appointment to work in SHC outpatient clinics Membership and privileges at LPCH to admit, treat patients 14 years old and younger
<b>Clinical Experience (Initial)</b>	.
<b>Replantation and revascularization of the upper and lower extremities and digits; Brachial plexus exploration/reconstruction</b>	Documentation of 20 reconstructive microsurgery procedures in the past 24 months or during residency/fellowship training. At least five of these procedures should involve requested surgery type.
<b>Endoscopic carpal tunnel release</b>	If residency did not include training in endoscopic carpal tunnel release, applicant must present evidence demonstrating participation in a recognized didactic/laboratory continuing medical education program devoted to the procedure taught by a certified board surgeon who is proficient in the procedure. Performed minimum of 10 conventional carpal tunnel release procedures during the past 24 months, and has demonstrated proficiency in the performance of endoscopic carpal tunnel release during the past 12 months
<b>Free tissue transfer</b>	Documentation of 20 reconstructive microsurgery procedures in the past 24 months or during

residency/fellowship training.

**Wrist arthroscopy - finger, elbow** Documentation of 5 wrist arthroscopy procedures in the past 24 months or during residency/fellowship training.

**Clinical Experience (Reappointment)** Minimum 100 Core cases required during the past 2 years  
Minimum 20 microsurgery cases required during the past 2 years - Replantation and revascularization of the upper and lower extremities and digits; Free tissue transfer; Brachial plexus exploration/reconstruction (Peripheral nerve microsurgery)  
Minimum 10 cases required during the past 2 years - Endoscopic carpal tunnel release  
Minimum 5 cases required during the past 2 years - Wrist arthroscopy - finger, elbow

**FPPE** FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS  
5 Chart Reviews - Core - Applicant must meet with Proctor to discuss completed cases/charts; Administration of Moderate Sedation; Replantation and revascularization of the upper and lower extremities and digits; Endoscopic carpal tunnel release; Free tissue transfer; Brachial plexus exploration/reconstruction; Wrist arthroscopy - finger, elbow

**Provide care on LPCH patients in specific areas of SHC**

<b>Request</b>	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request.</i>	<b>Service Chief Rec</b> <input type="checkbox"/>
<input type="checkbox"/>		
	<b>Additional Request</b>	
<input type="checkbox"/>	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	<input type="checkbox"/>

**Core Privileges**

<b>Request</b>	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request.</i>	<b>Service Chief Rec</b> <input type="checkbox"/>
<input type="checkbox"/>		
	<b>Privileges included in the Core:</b>	
<input type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and perform surgical procedures for patients presenting with illness, injuries, and disorders of the hand and related structures. Core privileges include treatment of:	<input type="checkbox"/>
<input type="checkbox"/>	Post injury/surgery pain control such as 1st degree burns	<input type="checkbox"/>
<input type="checkbox"/>	Cast fabrication or removal	<input type="checkbox"/>
<input type="checkbox"/>	Treatment of moderate drug induced allergic reaction	<input type="checkbox"/>
<input type="checkbox"/>	Volkmann's ischemia	<input type="checkbox"/>
<input type="checkbox"/>	Hand wounds	<input type="checkbox"/>
<input type="checkbox"/>	Tendon injuries	<input type="checkbox"/>
<input type="checkbox"/>	Fractures of the hand and wrist	<input type="checkbox"/>
<input type="checkbox"/>	Carpal tunnel syndrome (endoscopic and open)	<input type="checkbox"/>
<input type="checkbox"/>	Dupuytren's contracture	<input type="checkbox"/>
<input type="checkbox"/>	Surgery for rheumatoid arthritis	<input type="checkbox"/>
<input type="checkbox"/>	Congenital hand reconstruction	<input type="checkbox"/>
<input type="checkbox"/>	Tumors of the bones and soft tissues	<input type="checkbox"/>
<input type="checkbox"/>	Excision of benign and malignant lesions of skin and subcutaneous tissue	<input type="checkbox"/>
<input type="checkbox"/>	Minor procedures such as small flaps, skin grafts, scar revision, excision of skin lesions, repair of simple lacerations	<input type="checkbox"/>
<input type="checkbox"/>	Wrist reconstruction	<input type="checkbox"/>
<input type="checkbox"/>	Amputations	<input type="checkbox"/>
<input type="checkbox"/>	Pin insertion and removal	<input type="checkbox"/>
<input type="checkbox"/>	Steroid injections to upper extremity	<input type="checkbox"/>
<input type="checkbox"/>	I & D of infected lesions	<input type="checkbox"/>
<input type="checkbox"/>	Bone lengthening/shortening/osteotomies	<input type="checkbox"/>
<input type="checkbox"/>	Digital transfers/pollicization	<input type="checkbox"/>
<input type="checkbox"/>	Bone reconstruction requiring bone grafts	<input type="checkbox"/>
<input type="checkbox"/>	Heat and chemical burn care	<input type="checkbox"/>
<input type="checkbox"/>	Simple, intermediate, complex wound care	<input type="checkbox"/>

**Special Privileges**

**Description:** Must also meet Required Qualifications for Core Privileges

Request  <input type="checkbox"/>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
<input type="checkbox"/>	Administration of Sedation	<input type="checkbox"/>
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	<input type="checkbox"/>
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics	<input type="checkbox"/>
<input type="checkbox"/>	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger	<input type="checkbox"/>
<input type="checkbox"/>	Replantation and revascularization of the upper and lower extremities and digits	<input type="checkbox"/>
<input type="checkbox"/>	Endoscopic carpal tunnel release	<input type="checkbox"/>
<input type="checkbox"/>	Free tissue transfer	<input type="checkbox"/>
<input type="checkbox"/>	Brachial plexus exploration/reconstruction	<input type="checkbox"/>
<input type="checkbox"/>	Wrist arthroscopy - finger, elbow	<input type="checkbox"/>

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