UNM SRMC
OTOLARYNGOLOGY CLINICAL PRIVILEGES

Name:
Effective Dates: __________ To: __________

☐ Initial privileges (initial appointment)
☐ Renewal of privileges (reappointment)
☐ Expansion of privileges (modification)

INSTRUCTIONS
All new applicants must meet the following requirements as approved by the UNM SRMC Board of Directors effective: 03/21/2012

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.

Clinical Service Chief: Check the appropriate box for recommendation on the last page of 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 be exercised only at UNM SRMC and in setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

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.
QUALIFICATIONS FOR OTOLARYNGOLOGY

To be eligible to apply for core privileges in otolaryngology, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in otolaryngology.

AND

Current certification by the American Board of Otolaryngology or the American Osteopathic Board of Otolaryngology–Head and Neck Surgery or active participation in the examination process with achievement of certification within 3 years by the American Board of Otolaryngology or the American Osteopathic Board of Otolaryngology–Head and Neck Surgery.

Notwithstanding the foregoing, applicants for clinical privileges may seek an exception to this Board Certification requirement under Section 2.004 of the Bylaws of the Medical Staff of UNM Sandoval Regional Medical Center (the "Medical Staff Bylaws") and may be granted clinical privileges if such applicant is determined, in accordance with Section 2.004 of the Medical Staff Bylaws, to have qualified for one or more of these exceptions.

Required previous experience: Applicants for initial appointment must be able to demonstrate performance of otolaryngologic surgery procedures, reflective of the scope of privileges requested, during the last 12 months, or demonstrate successful completion of an ACGME– or AOA– accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in otolaryngology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience in Otolaryngology with acceptable results, reflective of the scope of privileges requested based on ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges, and the renewal of privileges must be approved by the Clinical Service Chief.
Admit, evaluate, diagnose, and provide consultation and comprehensive medical and surgical care to patients of all ages presenting with diseases, deformities, or disorders of the head and neck that affect the ears, nose, throat, the respiratory and upper alimentary systems, and related structures of the head and neck (except as specifically excluded). Head and neck oncology and facial plastic reconstructive surgery and the treatment of disorders of hearing and voice are also included. May provide care to patients in the intensive care setting in conformance with unit policies.

Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. 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.

☐ Requested

The following subspecialty core privileges must be requested separately in addition to requesting the core privileges. The qualifications for Subspecialty Core Privileges will be evaluated based on current standards and approved on a case-by-case basis by the Clinical Service Chief.

Current demonstrated competence in subspecialty core privileges with acceptable results reflective of the scope of privileges requested and current standards will be routinely assessed based on the results of ongoing professional practice evaluation and outcomes. Subspecialty Core Privileges must be renewed as part of the regular renewal of privileges by the Clinical Service Chief.
Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages presenting with diseases and disorders of the petrous apex, infratemporal fossa, internal auditory canals, cranial nerves (e.g., vestibular nerve section and joint neurosurgical-neurotological resection of the intradural VIII nerve tumors), and lateral skull base (including the occipital bone, sphenoid bone, temporal bone, mesial aspect of the dura and intradural management) in conjunction with neurological surgery. May provide care to patients in the intensive care setting in conformance with unit policies.

Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. 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.

**Criteria:** Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in otolaryngology followed by successful completion of an accredited fellowship in neurotology.

AND

Current subspecialty certification in Neurotology by the American Board of Otolaryngology or active participation in the examination process with achievement of certification in Neurotology within 3 years by the American Board of Otolaryngology.

☐ Requested
This list is a sampling of procedures included in the core. It is not intended to be an all-encompassing list, but rather is reflective of the categories/types of procedures included in the core.

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

Otolaryngology Core Procedures

1. All forms of surgery on the auditory canal, the tympanic membrane, and the contents of the middle ear
2. Bronchoscopy (rigid or flexible) with biopsy, foreign body removal, or stricture dilatation
3. Caldwell Luc procedure
4. Cervical esophagectomy
5. Cryosurgery
6. Endoscopic sinus surgery and open sinus surgery
7. Endoscopy of the larynx, tracheobronchial tree, and esophagus to include biopsy, excision, and foreign body removal
8. Esophageal surgery including diverticulectomy, cervical esophagectomy
9. Esophagoscopy (rigid or flexible) with biopsy, foreign body removal, or stricture dilatation
10. Excision of skull base tumor
11. Excision of tumor ethmoid/cribriform
12. Facial plastic surgery including cosmetic surgery, chemical peel, rhytidectomy, mentoplasty and correction of aural atresia, liposuction, and implantation of
autogenous, homologous, and allograft, and repair of lacerations
13. Harvesting of skin, fat, or bone grafts of the head and neck, hip, trunk, and extremities
14. Ligation of head and neck vessels
15. Lip surgery including lip shave, partial or total resection with primary repair or by local or distant flaps
16. Myocutaneous flap (pectoraes, trapezius, sternocleidomastoid)
17. Otoplasty
18. Parathyroidectomy
19. Perform history and physical exam
20. Radical surgery of the head and neck, including radical neck dissection, and radical excision of the maxillary antrum for tumor
21. Ranula excision
22. Reconstructive procedure of the upper airway
23. Reduction of facial fractures
24. Repair of CSF leaks with sinus or mastoid surgery
25. Repair of fistulas
26. Rhinoplasty, septoplasty, turbinate surgery
27. Salivary gland and duct surgery, including plastic repair of salivary complex
28. Skin grafting procedures, full thickness or split thickness
29. Surgery of the larynx, including biopsy, partial or total laryngectomy, fracture repair
30. Surgery of the nasopharynx, including nasal septoplasty, surgery on the frontal and maxillary sinuses, and ethmoid sinuses, and surgery of the nasal mucosa and turbinates
31. Surgery of the oral cavity, including soft palate, tongue, mandible, composite resection and neck dissection
32. Surgery of the oral pharynx, hypo pharynx, arytenoid cartilages and epiglottis
33. Surgical removal of teeth in association with radical resection
34. Suspension microlaryngoscopy
35. Tongue surgery, reduction and local tongue flaps
36. Tonsillectomy, adenoidectomy, parotidectomy and facial nerve repair
37. Tracheal resection and repair
38. Tracheostomy
39. Transsternal mediastinal dissection
40. Tympanoplasty, mastoidectomy and middle ear surgery
41. Use of energy sources as an adjunct to privileged procedures

Neurotology Core Procedures

1. Cochlear implantation
2. Decompression membranous labyrinth cochleosaculotomy, encolymphatic sac
operation
3. Electrophysiologic monitoring of cranial nerves VII, VII, X, XI, and XII
4. Excision of glomus tumor
5. Preliminary interpretation of imaging techniques of the temporal bones and lateral skull base
6. Labyrinthectomy
7. Middle/post fossa skull base surgery
8. Osseo integrated implants, for auricular prosthesis, for bone anchored hearing aid
9. Perform history and physical exam
10. Petrous apieectomy plus radical mastoid
11. Reconstruction congenital aural atresia
12. Repair fistula (OW, RW)
13. Resection CP angle tumor
14. VII nerve decompression
15. VII nerve repair/substitution
16. VIII nerve section
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Name: ____________________________ Effective Dates: ___________ To: ___________

Acknowledgment 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 UNM SRMC, 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.

Signed ______________________________ Date __________________

Clinical Service Chief'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:

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Notes:
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Print Name ____________________________ Signature ____________________________ Date _________________

Clinical Service Chief or Designee Signature