Pediatric Orthopedic Surgery Clinical Privileges

Name:
Effective Dates: ____________ To: ____________

[ ] Initial appointment
[ ] Reappointment

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.
To be eligible to apply for core privileges in pediatric orthopedic surgery, 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 orthopedic surgery, followed by successful completion of an accredited fellowship in pediatric orthopedic surgery.

AND

Current certification by the American Board of Orthopedic Surgery or the American Osteopathic Board of Orthopedic Surgery or active participation in the examination process with achievement of certification within 3 years by the American Board of Orthopedic Surgery or the American Osteopathic Board of Orthopedic 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, reflective of the scope of privileges requested, pediatric orthopedic procedures during the past 12 months or demonstrate successful participation in an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting in the past 12 months.

Reappointment Requirements: To be eligible to renew core privileges in pediatric orthopedic surgery, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience in Pediatric Orthopedic surgery 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.
PEDIATRIC ORTHOPEDIC SURGERY CORE PRIVILEGES

Admit, evaluate, diagnose, consult, and provide medical and surgical care of children under the age of 18 with disorders, diseases, and injuries of the extremities, pelvis, shoulder, girdle, and spine including treatment of arthritis, and other diseases of joints; infections, tumors, tumor like lesions, and metabolic diseases of the bone, joint, tendon, tendon sheath, fascia, bursa and nerves and congenital, traumatic, infectious, postural, developmental, neurogenic, and metabolic deformities (except as specifically excluded). Assess, stabilize, and determine 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

Limited Ultrasound for Guided Procedure

☐ Requested

PEDIATRIC ORTHOPEDIC SURGERY CORE PROCEDURES

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list, but rather 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 procedures that you do not wish to request, then initial and date.

1. Amputation surgery including immediate prosthetic fitting in the operating room
2. Amputations/simple polydactyl/digital tip injuries
3. Arthrocentesis
4. Arthrodesis, osteotomy and ligament reconstruction of the major peripheral joints, excluding total replacement of joint
5. Arthrography
6. Arthroscopy
7. Biopsy and excision of tumors involving bone and adjacent soft tissues
8. Bone grafts
9. Carpal tunnel decompression
10. Closed reduction of fractures and dislocations of the peripheral skeleton
11. Closed treatment of congenital foot deformity
12. Debridement of soft tissue
13. Excision of soft tissue/bony masses
14. Fasciotomy and fasciectomy
15. Fracture fixation with mini compression plates
16. Growth disturbances, such as injuries involving growth plates with a high percentage of growth arrest, growth inequality, epiphysiodesis, stapling, and bone-shortening or lengthening procedures
17. Major arthroplasty, including total replacement of knee joint, hip joint, shoulder
18. Major cancer procedures involving major proximal amputation (i.e., forequarter, hindquarter) or extensive segmental tumor resections
19. Management of infectious and inflammations of bones, joints, and tendon sheaths
20. Muscle and tendon repair
21. Nonoperative treatment of congenital bone malformation or deformations, or acquired bone deformities
22. Open reduction and internal fixation of fractures and dislocations of the peripheral skeleton
23. Operative and nonoperative treatment of abrasions, contusions, hematomas, and lacerations (both superficial and deep)
24. Perform history and physical exam
25. Reconstruction of nonspinal congenital musculoskeletal anomalies
26. Reconstructive surgery in children to correct traumatic, postural, congenital, neurogenic, arthritic, and idiopathic deformity or diseases of the extremities, spine or pelvis—anywhere about the body
27. Removal of ganglion (palm or wrist, flexor sheath)
28. Total hip replacement revision
29. Treatment of extensive trauma, excluding spine
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 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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Clinical Service Chief’s signature ___________________________________________ Date _______________________

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