STANFORD HOSPITAL & CLINICS

Stanford University Medical Center

Privileges in Pediatric Surgery Service

Name: ____
Please Print

MEDICAL STAFF CATEGORY REQUESTED:

☐ **Active –** *Uses Stanford Hospital & Clinics (SHC) as a primary hospital and regularly admits/treats, consults, patients at this facility, or is regularly involved in medical staff functions. Minimum 11 pt contacts per year*

☐ **Courtesy-Teaching** – *Treats SHC patients only when incident to performing clinical teaching responsibilities. Must have teaching appointment with the Stanford School of Medicine*

☐ ***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***

Please indicate any teaching title you may hold with the Stanford School of Medicine:

☐ Faculty (MCL or UTL) ☐ Clinical Educator ☐ Adjunct Clinical Faculty

Teaching Title: ____

REQUESTED	PROCEDURE	INITIAL CRITERIA	RENEWAL CRITERIA	PROCTORING REQUIREMENTS
CORE PRIVILEGES				

☐	***Privileges included in the Core:***
	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide pediatric general surgical care to newborns, children, and adolescents.
	
	Cross out & INITIAL any privilege/s you are not applying for in this set of Basic Privileges
	
	Core privileges include:
	• Repair of birth defects
	• Trauma surgery
	• Diagnosis and surgical care of tumors
	• Transplantation operations
	• Endoscopic procedures such as bronchoscopy, esophagogastroduodenoscopy, colonoscopy, cystoscopy, laparoscopy, and thoracoscopy
	• Surgical procedures in these areas of primary responsibility:
	  ◦ alimentary tract
	  ◦ abdomen and its contents
	  ◦ breasts, skin, and soft tissue
	  ◦ head and neck
	  ◦ vascular system, excluding the intracranial vessels and heart
	  ◦ endocrine system, including thyroid, parathyroid, adrenal, and endocrine pancreas
	  ◦ minor extremity surgery
	  ◦ comprehensive management of trauma including musculoskeletal, hand and head injuries
	  ◦ care of critically ill children with underlying surgical conditions
		Successful completion of an ACGME accredited residency in general surgery and fellowship in pediatric surgery or foreign equivalent training.
		
		AND Either
		
		Current certification or active participation in the examination process leading to certification in pediatric surgery by the American Board of Surgery or foreign equivalent training/board.
		
		OR
		
		Documentation or attestation of the management of at least 100 pediatric general surgical procedures as the attending physician (or senior resident/fellow) during the past two years.
			Appropriate number of cases performed per year as based on Category
			
			Reappointments: please be prepared to provide a list of cases performed at facilities other than SHC if requested
			
			_______# of cases in 2 years
				High Risk New Borns – 3 observations and 2 chart reviews
				
				Other inpatients – 1 observation and 4 chart reviews

SPECIAL PRIVILEGES

(MUST ALSO MEET THE CRITERIA ABOVE)

REQUESTED	PROCEDURE	ADDITIONAL CREDENTIALING CRITERIA	# of Cases performed in past 2 yrs **	PROCTORING REQUIREMENTS
☐	Administration of Moderate Sedation	In accordance with Hospital Sedation Policy and completion of the SHC sedation exam	Sedation exam every 4 years	High Risk New Borns – 3 observations and 2 chart reviews Other inpatients – 1 observation and 4 chart reviews
☐	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	'Radiology Supervisor and Operator Certificate' or 'Fluoroscopy Supervisor and Operator Permit' required	Maintenance of valid Fluoroscopy or Radiology Certificate	
☐	Admit, treat, perform surgical procedures, or provide follow-up care for inpatients ages 14 years or younger	Must have membership and privileges at Lucile Packard Children's Hospital		
☐	Fetal surgery	Documentation of appropriate training and experience	_______# of cases in 2 years	High Risk New Borns – 3 observations and 2 chart reviews Other inpatients – 1 observation and 4 chart reviews
☐	Gastro-duodenoscopy	Documentation of appropriate training and experience	_______# of cases in 2 years	High Risk New Borns – 3 observations and 2 chart reviews Other inpatients – 1 observation and 4 chart reviews
☐	Insertion and management of pulmonary artery catheters	Documentation of appropriate training and experience	_______# of cases in 2 years	High Risk New Borns – 3 observations and 2 chart reviews Other inpatients – 1 observation and 4 chart reviews
☐	Ventilator management <48 hours	Documentation of appropriate training and experience	_______# of cases in 2 years	High Risk New Borns – 3 observations and 2 chart reviews Other inpatients – 1 observation and 4 chart reviews
☐	Laser surgery	Documentation of appropriate training and experience	_______# of cases in 2 years	High Risk New Borns – 3 observations and 2 chart reviews Other inpatients – 1 observation and 4 chart reviews

***** On a separate sheet of paper, please describe any major, unexpected complications you have encountered for any of the Core Privileges or Additional Privileges you are requesting***

NOTE: PROCTORING IS REQUIRED FOR ALL <u>INITIAL</u> PRIVILEGES REQUESTED and MUST BE COMPLETED WITHIN 12 MONTHS

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 that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I understand that 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.

Applicant Signature: ____ Date: _______________

If sending by email, type your name in the box above.
If sending by mail, please print first and then sign.