Texas Health Presbyterian Hospital ROCKWALL
Healing Hands. Caring Hearts.

Clinical Privileges in **Otolaryngology**

DEPARTMENT: *SURGERY* SECTION: *OTOLARYNGOLOGY*

Name: _____
(please print)

Qualifications: EDUCATION / TRAINING / EXPERIENCE

Core privileges in otolaryngology require a MD or DO and successful completion of an ACBME or AOA accredited post graduate program and demonstration of performance of otolaryngology procedures in the past two years in the areas of otology, rhinology, laryngology, plastic and reconstructive surgery; current certification or active participation in the examination process leading to certification in otolaryngology by the American Board of Otolaryngology (ABO) or the American Osteopathic Board of Ophthalmology and Otolaryngology (AOBOO). Board certification by ABO or AOBOO in Otolaryngology is required within five years of appointment to medical staff based on Medical Staff Bylaws unless practiced 25 years or greater in respective specialty.

PRIVILEGING

As documented by my experience and training on the Application for Appointment/Reappointment to the Medical Staff, I request privileges as indicated below.

***Applicant: Place a check mark and initial in the (R) column for each privilege requested**. For all Category II Special Privileges, current case logs indicating the specific procedure(s) requested MUST be submitted for consideration of these special privileges. Applicants may be asked to provide additional documentation of the number and types of hospital cases during the past 24 months as apart of the privileging process.*

CHAIRMAN: (A) =Recommended as Requested (C) = Recommended with Conditions (N) =Not Recommended

(R)	*(A)*	*(C)*	*(N)*	***CATEGORY I: OTOLARYNGOLOGY CORE PRIVILEGES***	***Department Chair Initials***
				Privileges to evaluate, diagnose, perform history and physical examination, admit, treat, and provide consultation to patients. Privileges include but are not limited to the medical and surgical disorders of the ears, the upper respiratory and upper alimentary systems and related structures, the head and neck, to carry out diagnostic evaluations of patients with otolaryngologic disorders, to carry out the surgical and non-surgical management of otolaryngologic disorders, including rehabilitation and referral to sub specialists when appropriate, endoscopic sinus surgery and laser surgery. Morphology, physiology, pharmacology, pathology, microbiology, biochemistry, genetics, and immunology relevant to the head and neck; the upper respiratory and upper alimentary systems; the communication sciences, including knowledge of audiology and speech-language pathology; the chemical senses and allergy, endocrinology, and neurology as they relate to the head and neck; and voice sciences as they relate to laryngology. Diagnosis and diagnostic methods: audiologic and vestibular assessments, techniques in voice assessment, electrophysiologic techniques, and other related laboratory procedures for diagnosing diseases and disorders of the ears, the upper respiratory and upper alimentary systems, and the head and neck.	
				Newborn & infants to 2 years	
				Children 2 years to 14 years	
				Adolescents 14 to 18 years	
				Adults 18 years and greater	

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(R)	(A)	(C)	(N)	***CATEGORY II: OTOLARYNGOLOGY SPECIAL PRIVILEGES*** ***Must meet the requirements outlined for Category I AND demonstrate proof of additional training, clinical competence and/or experience, with documentation of such additional qualifications.***			***Department Chair Initials***
				Privilege Requested	***Required Previous Experience***	***Reappointment Criteria***	
				Laser surgery	Completion of a training course and documentation of current case logs.		
				Middle cranial fossa surgery	Fellowship training is required.		
				Otolaryngic Allergey	Fellowship in the American Academy of Otolaryngic Allergy or approved application leading to fellowship within 5 years.		
				Administration of Moderate Sedation	For initial clinical privilege request, physicians must read the Moderate Sedation Self Directed Learning Activity, take and pass a post test with a passing score of 80% or better and documentation current ACLS certification or document successful demonstration of airway management, oral airway insertion and ambu bag usage.		

PRIVILEGE CRITERION

Provisional Privileges: *Provisional privileges, during the first 6 months of practice of the procedure at Presbyterian Hospital of Rockwall, are conferred to facilitate the pursuit of full privileges at Presbyterian Hospital of Rockwall. With this classification, it is appropriate for the physician to assist in cases and complete any proctoring requirements to meet full privilege requirements for Presbyterian Hospital of Rockwall.*

Special procedures: *Unless otherwise set out in this document, successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable experience; and documentation of competence to obtain and retain clinical privileges as set forth in medical staff policies governing the exercise of specific privileges.*

Use of Laser: *Completion of a training course and documentation of current case logs*

Moderate Sedation: *For initial clinical privilege request, physicians must read the Moderate Sedation Self Directed Learning Activity, take and pass a post test with a passing score of 80% or better and documentation current ACLS certification or document successful demonstration of airway management, oral airway insertion and ambu bag usage.*

Observation / Proctoring Requirements: *Guidelines, scheduling, payment and approval process for the proctoring programs are defined in the Medical Staff policy.*

Reappointment Requirements: *Current demonstrated competence and an adequate volume of current experience with acceptable results in the privileges requested for the past 24 months based on results of quality assessment/improvement activities and outcomes. Practice will be monitored for the first 12 months as per Joint Commission guidelines.*

Continuing Medical Education: *In compliance with Joint Commission standard, the physician must participate in continuing medical education (CME) as per state licensure regulations, outlined by the medical staff by-laws rules and regulations.*

Participation in Societies: *Active participation in societies related to this field is also strongly recommended.*

Note: If any privileges are covered by an exclusive contractual agreement, physicians who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training and experience.

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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 Presbyterian Hospital of Rockwall, and

1) I understand that:
   a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation and agree to be proctored.
   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.

2) I do attest that I have participated in continuing medical education activities related to the privileges I have requested.

_____ _____ _____/_____/_____
Applicant Name – Printed Signature Date

DEPARTMENT CHAIRMAN RECOMMENDATION

I have reviewed the requested clinical privileges, as well as the appointment / reappointment application, performance improvement profile, and other pertinent appointment / reappointment information. Based on my review I propose the following:

☐ **Recommend**	☐ **Recommend with Conditions**	☐ **Not Recommended**	☐ **Deferred for Committee Discussion**
Comments:			

_____ _____/_____/_____
Department Chairman Signature **Date**

ACCEPTANCE AND APPROVAL

_____ _____/_____/_____
Credentials Chairman Signature **Date**

_____ _____/_____/_____
President of Medical Staff Signature **Date**