

**UNIVERSITY HOSPITAL AND HEALTH SYSTEM**  
**UNIVERSITY OF MISSISSIPPI MEDICAL CENTER**  
2500 North State Street, Jackson MS 39216

**GENERAL SURGERY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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- Initial Appointment
- Reappointment

**All new applicants must meet the following requirements as approved by the governing body effective: 10/05/2016**

**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.

**Department Chair:** 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 only be exercised at the site(s) and/or 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 and/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 governance (MS Bylaws, Rules and Regulations) organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**QUALIFICATIONS FOR GENERAL SURGERY**

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

Current specialty certification in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery.

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in general surgery and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to specialty certification in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery.

**Required Previous Experience:** Applicants for initial appointment must be able to demonstrate performance of a sufficient volume of general surgery procedures, reflective of the scope of privileges requested, during the past 24 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 general surgery, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume of general surgery procedures with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. For individuals who do not meet the recommended

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guidelines, reappointment for these privileges will be considered on a case by case basis. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. Medical Staff members whose board certificates in general surgery bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

**CORE PRIVILEGES**

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**GENERAL SURGERY CORE PRIVILEGES**

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- Requested** Admit, evaluate, diagnose, consult, and provide pre-, intra and post-operative care, and perform surgical procedures, to patients of all ages, to correct or treat various conditions, diseases, disorders, and injuries of the alimentary tract, abdomen and its contents, extremities, breast, skin and soft tissue, head and neck, and endocrine systems. May provide care to patients in the intensive care setting in conformance with unit policies. 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.

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**SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)**

If desired, Non-Core Privileges are requested individually in addition to requesting the Core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

**USE OF LASER**

**Requested**

***Criteria:***

- 1) Completion of an acceptable laser safety course provided by the UMMC Laser Safety Officer  
AND
- 2) Successful completion of an approved residency in a specialty or subspecialty which included training in lasers  
OR  
Successful completion of a hands-on CME course which included training in laser principles and observation and hands-on experience with lasers  
OR  
Evidence of sufficient volume of procedures performed utilizing lasers (with acceptable outcomes) within the past 24 months  
AND
- 3) Practitioner agrees to limit practice to only the specific laser types for which they have documentation of training and/or experience

***Maintenance of Privilege:***

A practitioner must document that procedures have been performed over the past 24 months utilizing lasers (with acceptable outcomes) in order to maintain active privileges for laser use. In addition, completion of a laser safety refresher course provided by the Laser Safety Officer is required for maintenance of the privilege. Practitioner agrees to limit practice to only the specific laser types for which they have documentation of training and/or experience.

**BARIATRIC SURGERY**

- Requested** Open Bariatric Surgery Privileges Involving Stapling or Division of the Gastrointestinal Tract

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**Criteria:** Successful completion of: an accredited residency in general surgery or post residency training supervised by an experienced bariatric surgeon that included operative experience of a sufficient volume of open bariatric procedures (or subtotal gastric resection with reconstruction). Physicians who primarily perform laparoscopic bariatric surgery may obtain open bariatric surgery privileges after documentation of a sufficient volume of laparoscopic cases and a sufficient volume of open cases supervised by an experienced Bariatric surgeon. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of open bariatric surgery procedures in the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of open bariatric procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to bariatric surgery is required.

- Requested** Laparoscopic Bariatric Surgery involving Stapling or Division of the Gastrointestinal Tract

**Criteria:** Hold privileges to perform open bariatric surgery and to perform advanced laparoscopic surgery. In addition, the surgeon must have evidence of a sufficient volume of cases with satisfactory outcomes either during general surgery residency or post residency training under the supervision of an experienced Bariatric surgeon. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of laparoscopic surgery procedures involving stapling or division of the gastrointestinal tract in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of laparoscopic surgery procedures involving stapling or division of the gastrointestinal tract in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to bariatric surgery is required.

- Requested** Laparoscopic Bariatric Surgery procedures that do not involve stapling of the Gastrointestinal Tract

**Criteria:** Hold privileges to perform advanced laparoscopic surgery and evidence of a sufficient volume of cases with satisfactory outcomes during general surgery residency or post residency training under the supervision of an experienced Bariatric Surgeon. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of laparoscopic surgery procedures that do not involve stapling of the gastrointestinal tract in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of laparoscopic surgery procedures that do not involve stapling of the gastrointestinal tract in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to bariatric surgery is required.

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**KIDNEY TRANSPLANT SURGERY CORE PRIVILEGES**

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- Requested** Admit, evaluate, diagnose, consult and manage patients of all ages with renal dysfunction or end stage renal disease requiring kidney transplantation including the selection of appropriate recipients for transplantation, donor selection, histocompatibility and tissue typing, immediate post-operative and continuing inpatient care, the use of immunosuppressive therapy, histologic interpretation of allograft biopsies, interpretation of ancillary tests for renal dysfunction and long term patient care. The core privileges in this specialty include the procedures on the attached procedure list.

**Criteria:** Successful completion of either 1) one year formal kidney transplant fellowship training and at least one year of experience at a transplant program with UNOS accreditation, 2) completion of a two year formal transplant fellowship at a transplant program meeting UNOS membership criteria in renal transplantation, or 3) three years of experience with a transplant program meeting the criteria for acceptance into UNOS. Current appointment within the Division of Transplant and Hepatobiliary Surgery. **Source:** United Network for Organ Sharing **Required Previous Experience:** Demonstrated competence in 1) patient selection, 2) pre- and post- operative management and 3) performance of a sufficient volume of kidney transplants in the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of kidney transplants in the past 24 months based on results of quality assessment/ improvement activities and outcomes.

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**LIVER TRANSPLANT SURGERY PRIVILEGES**

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- Requested** Admit, evaluate, diagnose, consult and manage patients of all ages with liver dysfunction or end stage liver disease requiring liver transplantation including the selection of appropriate recipients for transplantation, donor selection, histocompatibility and tissue typing, pre-operative, intra-operative and immediate post-operative and continuing inpatient care, the use of immunosuppressive therapy, histologic interpretation of allograft biopsies, interpretation of ancillary tests for liver dysfunction and long term patient care.

**Criteria:** Successful completion of either 1) one year formal liver transplant fellowship training and at least one year of experience at a transplant program with UNOS accreditation, 2) completion of a two year formal transplant fellowship at a transplant program meeting UNOS membership criteria in liver transplantation, or 3) three years of liver transplant experience with a transplant program meeting the criteria for acceptance into UNOS. Current appointment within the Division of Transplant and Hepatobiliary Surgery. **Source:** United Network for Organ Sharing **Required Previous Experience:** Demonstrated current competence in 1) patient selection, 2) pre- and post- operative management, and 3) performance of a sufficient volume of liver transplants in the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of liver transplants in the past 24 months based on results of quality assessment and improvement activities and outcomes.

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**PANCREAS TRANSPLANTATION SURGERY PRIVILEGES**

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- Requested** Admit, evaluate, diagnose, consult and provide surgical care to patients of all ages with end stage pancreatic disease requiring pancreas transplantation including the selection of appropriate recipients for transplantation, donor selection, histocompatibility and tissue typing, pre-operative, intra-operative and immediate post-operative and continuing inpatient care, the use of immunosuppressive therapy, histologic interpretation of allograft biopsies, interpretation of ancillary tests for pancreatic dysfunction and long term patient care.

**Criteria:** Successful completion of either 1) one year pancreas transplant fellowship training and at least one year of experience at a transplant program with UNOS accreditation, 2) completion of a two year formal transplant fellowship at a transplant program meeting UNOS membership criteria in pancreas transplantation, or 3) three years of experience with a transplant program meeting the criteria for acceptance into UNOS. Current appointment within the Division of Transplant and Hepatobiliary Surgery.

**Source:** United Network for Organ Sharing **Required Previous Experience:** Demonstrated current competence in 1) patient selection, 2) pre- and post- operative management, and 3) performance of a sufficient volume of pancreas transplants in the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of adequate sufficient volume of pancreas transplants in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**TRAUMA SURGERY PRIVILEGES**

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- Requested** Admit, evaluate, diagnose, and manage patients of all ages presenting with trauma-related injuries and disorders including resuscitation, surgical intervention, diagnostic studies and coordination of operative procedures to be performed by other health care professionals, supervise and perform all necessary operative cases, manage the trauma patient throughout the stay in the acute-care facility and coordinate the early institution of rehabilitation and discharge planning. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The privileges in this specialty include the procedures on the attached procedure list.

**Criteria:** Successful completion of a fellowship in trauma surgery or successful completion of an accredited residency in general surgery with equivalent training and experience. **Required Previous Experience:** Applicants for initial appointment must be able to demonstrate management of a sufficient volume of trauma surgeries/surgical critical care cases, reflective of the scope of privileges requested, in the past 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. **Maintenance of Privilege:** Demonstrated current competence and a sufficient volume of trauma surgery/surgical critical care cases, with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**ROBOTICALLY ASSISTED MINIMALLY INVASIVE SURGERY**

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**Requested**

**Criteria:**

- PATH 1: As for specialty, plus, applicants must show evidence of clinical experience in a minimum of five (5) computer-assisted procedures with the DaVinci Surgical Platform over the past 12 months via residency or fellowship training program.

**AND**

Demonstrate successful use of the Tele-robotic system during two (2) proctored cases (first two cases utilizing the tele-robotic system).

OR

- PATH 2: As for specialty, plus, evidence of a minimum of five (5) computer-assisted procedures performed with the DaVinci Surgical Platform over the past 12 months with acceptable outcomes.

**AND**

Demonstrate successful use of the Tele-robotic system during two (2) proctored cases (first two cases utilizing the tele-robotic system).

OR

- PATH 3: Attendance and successful completion of a hands-on training program of at least eight (8) hours in duration in the use of the DaVinci Surgical Platform.

**AND**

At least three (3) hours of personal experience on the system during the training program.

**AND**

Observation of at least one (1) clinical case using the Tele-robotic surgical system.

**AND**

Demonstrate successful use of the Tele-robotic system during two (2) proctored cases (first two cases utilizing the tele-robotic system).

**Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least ten (10) robotically-assisted minimally invasive surgery procedures in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. (If less than twenty-four (24) months since last (re)appointment, then five (5) procedures per year.)

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**FLUOROSCOPY USE**

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**Requested**

**Criteria:**

- Current board certification in Radiology, Diagnostic Radiology or Radiation Oncology by the American Board of Radiology or the American Osteopathic Board of Radiology

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**OR**

- Successful completion of a residency/fellowship program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) that included 6 months of training in fluoroscopic imaging procedures and documentation of the successful completion of didactic course lectures and laboratory instruction in radiation physics, radiobiology, radiation safety, and radiation management applicable to the use of fluoroscopy, including passing a written examination in these areas.

**OR**

- Participation in a preceptorship that requires at least 10 procedures be performed under the direction of a qualified physician who has met these standards and who certifies that the trainee meets minimum fluoroscopy safety standards. (Applicable to physicians whose residency/fellowship did not include radiation physics, radiobiology, radiation safety, and radiation management)

**OR**

- Good faith estimate of volume of procedures performed utilizing fluoroscopy in the last 24 months.  
Examples of procedures performed: \_\_\_\_\_  
Number of procedures performed in the last 24 months: \_\_\_\_\_  
Percentage of cases with fluoroscopic time >120 minutes, dose > 3 Gy, or equivalent: \_\_\_\_\_

**AND (all applicants)**

- Successful completion of a fluoroscopy safety course provided by the UMMC Radiation Safety Officer

***Maintenance of Privilege:*** A practitioner must document that procedures have been performed over the past 24 months utilizing fluoroscopy (with acceptable outcomes) in order to maintain active privileges for use. In addition, completion of a fluoroscopy safety refresher course provided by the Radiation Safety Officer is required for maintenance of the privilege.

RADIOLOGY CHAIR APPROVAL:

I have reviewed the above requested privileges and I attest that this practitioner is competent to perform the privileges requested based on the information provided.

\_\_\_\_\_  
Signature, Chair—Department of Radiology



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**ADMINISTRATION OF SEDATION AND ANALGESIA**

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- Requested** See Hospital Policy for Procedural Sedation by Non-Anesthesiologists for additional information.

**Section One--INITIAL REQUESTS ONLY:**

- Completion of residency or fellowship in anesthesiology, emergency medicine or critical care **-OR-**
- Completion of residency or fellowship within the past year in a clinical subspecialty that provides training in procedural sedation training **-OR-**
- Demonstration of prior clinical privileges to perform procedural sedation along with a good-faith estimate of at least 20 such sedations performed during the previous year (the estimate should include information about each type of procedure where sedation was administered with a list of any adverse events related to the sedation during those cases, including causal analysis, treatment, and outcome:
- \_\_\_\_\_

**-OR-**

- Successful completion (within six months of application for privileges) of a UMHC-approved procedural sedation training and examination course that includes practical training and examination under simulation conditions.

**Section Two--INITIAL AND RE-PRIVILEGING REQUESTS:**

- Successful completion of the UMHC web based Procedural Sedation Course/Exam initially and at least once every two years **-AND-**
- Provision of a good-faith estimate of the number of instances of each type of procedure where sedation is administered with a list of any adverse events related to the sedation during those cases, including causal analysis, treatment, and outcome:
- \_\_\_\_\_

**-AND-**

- ACLS, PALS and/or NRP, as appropriate to the patient population. **(Current)**

**-OR-**

- Maintenance of board certification or eligibility in anesthesiology, emergency medicine, pediatric emergency medicine, cardiovascular disease, advanced heart failure and transplant cardiology, clinical cardiac electrophysiology, interventional cardiology, pediatric cardiology, critical care medicine, surgical critical care,

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neurocritical care or pediatric critical care, as well as active clinical practice in the provision of procedural sedation.

**Section Three--PRIVILEGES FOR DEEP SEDATION:**

- I am requesting privileges to administer/manage deep sedation as part of these procedural sedation privileges.

**Deep Sedation/Anesthetic Agents used:** \_\_\_\_\_

APPLICABLE TO REQUESTS FOR DEEP SEDATION ONLY:

**I have reviewed and approve the above requested privileges based on the provider's critical care, emergency medicine or anesthesia training and/or background.**

\_\_\_\_\_  
Signature of Anesthesiology Chair

\_\_\_\_\_  
Date

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**ULTRASOUND-GUIDED BREAST BIOPSY (DOES NOT INCLUDE FORMAL INTERPRETATION)**

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**Requested**

**Criteria:** As for General Surgery plus at least 15 hours AMA-PRA Category I CME credits in breast ultrasound, including at least one full day course that included diagnostic and interventional components.  
**Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of ultrasound-guided breast biopsies within the past 12 months along with CME in breast ultrasound; or completion of the required course within the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient number of ultrasound-guided breast biopsies in the prior 24 months based on results of ongoing professional practice evaluation and outcomes. For individuals who do not meet the recommended guidelines, reappointment for these privileges will be considered on a case by case basis.

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**ULTRASOUND-GUIDED CENTRAL LINE INSERTION**

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- Requested** See Medical Staff Policy for Ultrasound-Guided Central Line Insertion for additional information.

Initial Privileging:

As for core privileges plus:

- Performance of at least 10 ultrasound-guided central line insertions in the past 24 months; and
- Completion of a UMMC ultrasound-guided central line insertion Healthstream learning module

Maintenance of Privilege:

As for core privileges plus:

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- Performance of at least 10 ultrasound-guided central line insertions in the past 24 months; and
- Completion of a UMMC ultrasound-guided central line insertion Healthstream learning module

If volume requirements are not met, the following may substitute:

- Completion of ultrasound-guided central line insertion simulation training in the UMMC Simulation and Interprofessional Education Center; and
- Focused professional practice evaluation to include proctoring of the ultrasound-guided insertion of at least 5 central lines (femoral or internal jugular) within the first 6 months of re-appointment

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**IMPLANTATION AND MAINTENANCE OF GASTRIC ELECTRIC STIMULATOR (GASTRIC PACEMAKER)**

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**Requested**

**Criteria:** As for specialty, plus, successful completion of a vendor-sponsored training course in gastric electric stimulator implantation and maintenance. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of gastric electric stimulator implant procedures in the past 12 months OR successful completion of vendor-sponsored training in past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of gastric electric stimulator implant procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**CORE PROCEDURE LIST**

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

- Abdominoperineal resection
- Amputations, above the knee, below knee; toe, transmetatarsal, digits
- Anoscopy
- Appendectomy
- Breast: complete mastectomy with or without axillary lymph node dissection; excision of breast lesion, breast biopsy, incision and drainage of abscess, modified radical mastectomy, operation for gynecomastia, partial mastectomy with or without lymph node dissection, radical mastectomy, subcutaneous mastectomy
- Circumcision
- Colectomy (abdominal)
- Colon surgery for benign or malignant disease
- Colotomy, colostomy
- Colonoscopy with polypectomy
- Correction of intestinal obstruction
- Drainage of intra abdominal, deep ischiorectal abscess
- Emergency thoracostomy
- EGD with/without biopsy
- Endoscopy (intraoperative)
- Enteric fistulae, management
- Enterostomy (feeding or decompression)
- Esophageal resection and reconstruction
- Distal esophagogastrectomy
- Excision of fistula in ano/fistulotomy, rectal lesion
- Excision of pilonidal cyst/marsupialization
- Excision of thyroid tumors
- Excision of thyroglossal duct cyst
- Gastric operations for cancer (radical, partial, or total gastrectomy)
- Gastroduodenal surgery
- Gastrostomy (feeding or decompression)
- Genitourinary procedures incidental to malignancy or trauma
- Gynecological procedure incidental to abdominal exploration
- Hepatic resection
- Hemodialysis access procedures, including creation or revision of an arteriovenous fistula or shunt, arteriography, venography stenting, angioplasty or other endovascular modification of an arteriovenous fistula or shunt, embolectomy or thrombectomy of an arteriovenous fistula or shunt.
- Hemorrhoidectomy, including stapled hemorrhoidectomy
- Incision and drainage of abscesses and cysts
- Incision and drainage of pelvic abscess
- Incision, excision, resection and enterostomy of small intestine
- Incision/drainage and debridement, perirectal abscess
- Insertion and management of pulmonary artery catheters

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- IV access procedures, central venous catheter, and ports (femoral and internal jugular access require special privileges for ultrasound guided central line insertion)
- Laparoscopy, diagnostic, appendectomy, cholecystectomy, common duct explorations/stone extractions, lysis of adhesions, mobilization, catheter positioning, colectomy, splenectomy, adrenalectomy, and nissen fundoplication
- Laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis or trauma
- Liver biopsy (intra operative), liver resection
- Management of burns
- Management of intra-abdominal trauma, including injury, observation, paracentesis, lavage
- Management of multiple trauma
- Management of soft-tissue tumors, inflammations and infection
- Operations on gallbladder, biliary tract, bile ducts, hepatic ducts, including biliary tract reconstruction
- Order respiratory services
- Order rehab services
- Pancreatectomy, total or partial
- Pancreatic sphincteroplasty
- Parathyroidectomy
- Perform history and physical exam
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
- Peritoneal venous shunts, shunt procedure for portal hypertension
- Peritoneovenous drainage procedures for relief or ascites
- Proctosigmoidoscopy, rigid with biopsy, with polypectomy/tumor excision
- Pyloromyotomy
- Radical regional lymph node dissections
- Removal of ganglion (palm or wrist; flexor sheath)
- Repair of perforated viscus (gastric, small intestine, large intestine)
- Scalene node biopsy
- Sclerotherapy
- Selective vagotomy
- Sentinel lymph node biopsy
- Sigmoidoscopy, fiberoptic with or without biopsy, with polypectomy
- Skin grafts (partial thickness, simple)
- Small bowel surgery for benign or malignant disease
- Splenectomy (trauma, staging, therapeutic)
- Surgery of the abdominal wall, including management of all forms of hernias, including diaphragmatic hernias, inguinal hernias, and orchiectomy in association with hernia repair
- Thoracentesis
- Thoracoabdominal exploration
- Thyroidectomy and neck dissection
- Tracheostomy
- Transhiatal esophagectomy
- Tube Thoracostomy
- Vein ligation and stripping

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**SPECIAL PROCEDURES FOR TRAUMA SURGERY**

- Decortication procedures
- Emergency sternotomy
- Emergency vascular repair, ligation, bypass
- Emergent thoracotomy
- Exploration and repair of traumatic soft tissue, musculo-facial injury
- Exploration of neck for traumatic injury
- Management of trauma patient presenting in ICU setting
- Non-anatomic pulmonary resection (post-traumatic lung injury)
- FAST exam and ultrasound guided procedures
- Preliminary interpretation of imaging studies relative to diagnosis and/or treatment in the trauma patient
- Surgical treatment of penetrating or crush injuries where soft tissue, musculo-skeletal or organ trauma has occurred
- VATS (video assisted thoroscopic surgery) as related to trauma and its complications

**SPECIAL PROCEDURES FOR KIDNEY TRANSPLANT SURGERY**

- Kidney transplantation
- Laparoscopic peritoneal dialysis catheter placement
- Open and laparoscopic nephrectomy

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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 University Hospital and Health System, University of Mississippi Medical Center, 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** \_\_\_\_\_

**TRAUMA DIRECTOR'S RECOMMENDATION (AS APPLICABLE)**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Notes**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Trauma Director's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**DIVISION CHIEF'S RECOMMENDATION (AS APPLICABLE)**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Notes**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Division Chief Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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**DEPARTMENT CHAIR'S RECOMMENDATION**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Notes**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Department Chair Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Reviewed:

Revised:  
2/3/2010, 3/16/2010, 6/2/2010, 10/5/2011, 11/2/2011, 12/16/2011, 5/2/2012, 6/6/2012, 4/3/2013,  
7/3/2013, 05/23/2014, 08/05/2015, 9/16/2015, 11/04/2015, 10/05/2016