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

1. Note that privileges granted may only be exercised at the site(s) and 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.

2. 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 or active participation in the examination process with achievement of certification within six years leading to certification in otolaryngology by the American Board of Otolaryngology or the American Osteopathic Board of Otolaryngology-Head and Neck Surgery.

Required previous experience: Applicants for initial appointment must be able to demonstrate performance of at least 50 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 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. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Core Privileges

Otolaryngology Core Privileges

- **Requested** Admit, evaluate, diagnose, 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. 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 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.

Qualifications for Neurotology

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

AND/OR

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in neurotology by the American Board of Otolaryngology.

Required previous experience: Applicants for initial appointment must be able to demonstrate performance of neurotological surgery, reflective of the scope of privileges requested, at least 50 times 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 neurotology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience 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. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.
CORE PRIVILEGES

NEUROTOLOGY CORE PRIVILEGES*

☐ Requested 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 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.

*Not applicable at Sycamore Medical Center

SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

USE OF ROBOTIC ASSISTED SYSTEM FOR GENERAL SURGICAL PROCEDURES *

☐ Requested

To obtain privileges in robotic assisted surgery, the applicant must fulfill the following criteria:

1. Successful completion of an ACGME/AOA accredited residency or fellowship training program in Cardio-Thoracic, Otolarynology/Head & Neck Surgery or General Surgery.

2. Unrestricted laparoscopic surgical privileges, including privileges for the procedure to be performed with robotic assistance if currently being performed without robotic assistance.

3. If residency/fellowship training completed within the past three years a letter from the program director stating that applicant is qualified to perform the requested procedures utilizing daVinci Surgical System.

4. If greater than three years, must also submit case log of at least 10 cases, performed within the past year and a letter from the appropriate hospital department chair stating the applicant is qualified to perform the requested procedure utilizing the daVinci Surgical System.

or

5. If residency/fellowship training did not include formal training in using the daVinci Surgical System, applicant must complete all phases of a Clinical Mini-Fellowship Training Program facilitated through Intuitive Surgical. The training program must be more than didactics. It must include hands on simulation, usually with the porcine model. In addition, the applicant must observe two cases with a preceptor physician teaching. Applicants requesting to be precepted/proctored at KMC must apply for additional privileges via the medical staff office.

Prior to obtaining unrestricted privileges applicant must:

a. Perform a minimum of three proctored cases, acting as primary surgeon.
b. Submit a letter of proficiency from the elected preceptor/proctor. If candidate is not
deemed proficient after three cases, then the physician will continue casework until
proficiency is achieved.
c. The first 5 cases performed independently at Kettering Medical Center will be subject to
retrospective review by the clinical service chief and/or designee.

Reappointment: Practitioners requesting reappointment of daVinci robotic assisted surgical
privileges shall demonstrate successful performance (as defined by the Clinical Service Chief and/or
designee) of 10 procedures during the previous reappointment cycle.

If the surgeon fails to meet the maintenance caseload, he or she must repeat two preceptor observed
cases, until again deemed proficient.

*Not applicable to Sycamore Medical Center

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**FLUOROSCOPY**

- **Requested** Must demonstrate competence – initial applicants must complete the online quiz;
  reapplicants must complete online quiz at least once then complete annual attestations
  thereafter.

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**ADMINISTRATION OF SEDATION AND ANALGESIA**

- **Requested** See Hospital Policy for Moderate Sedation

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**CORE PROCEDURE LIST**

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, initial, and date.

**Otolaryngology**

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. Cleft and craniofacial surgery
6. Cochlear implantation (initial appointees must show additional operative experience of 5 procedures)*
7. Cryosurgery
8. Dental extraction
9. Endoscopic sinus surgery and open sinus surgery
10. Endoscopy of the larynx, tracheobronchial tree, and esophagus to include biopsy, excision, and
    foreign body removal
11. Esophageal surgery including diverticulectomy, cervical esophagectomy
12. Esophagoscopy (rigid or flexible) with biopsy, foreign body removal or stricture dilatation
13. Excision of skull base tumor*
14. Excision of tumor ethmoid/cribiform
15. Facial plastic surgery, including but not limited to cosmetic surgery, chemical peel, rhytidectomy,
    mentoplasty and correction of aural atresia, liposuction, and implantation of autogenous, homologous,
    and allograft, and repair of lacerations
16. Harvesting of skin, fat or bone grafts of the head and neck, hip, trunk and extremities
17. Ligation of head and neck vessels
18. Lip surgery including lip shave, partial or total resection with primary repair or by local or distant flaps
19. Myocutaneous flap (pectoralis, trapezius, sternocleidomastoid)
20. Otoplasty
21. Parathyroidectomy
22. Perform history and physical exam
23. Radical surgery of the head and neck, including radical neck dissection, and radical excision of the maxillary antrum for tumor
24. Ranula excision
25. Reconstructive procedure of the upper airway
26. Reduction of facial fractures
27. Repair of CSF leaks with sinus or mastoid surgery
28. Repair of fistulas—oral-antral, oral-nasal, oral-maxillary, oral-cutaneous, pharyngocutaneous, tracheo-cutaneous, esophagocutaneous
29. Rhinoplasty, septoplasty, turbinate surgery
30. Salivary gland and duct surgery, including plastic repair of salivary complex
31. Skin grafting procedures, full thickness or split thickness
32. Surgery of the larynx, including biopsy, partial or total laryngectomy, fracture repair
33. 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
34. Surgery of the oral cavity, including soft palate, tongue, mandible, composite resection and neck dissection
35. Surgery of the oral pharynx, hypopharynx, arytenoid cartilages and epiglottis
36. Surgical removal of teeth in association with radical resection
37. Suspension microlaryngoscopy
38. Tongue surgery, reduction and local tongue flaps
39. Tonsillectomy, adenoidectomy, parotidectomy and facial nerve repair
40. Tracheal resection and repair
41. Tracheostomy
42. Transsternal mediastinal dissection
43. Tympanoplasty, mastoidectomy and middle ear surgery
44. Use of energy sources as an adjunct to privileged procedures

*Not applicable to Sycamore Medical Center

**Neurotology**

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. Interpret 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 apieactomy 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

*Not applicable to Sycamore Medical Center
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 that I wish to exercise at Hospital, 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.

Signature: ___________________________ 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:

<table>
<thead>
<tr>
<th>Privilege</th>
<th>Condition/Modification/Explanation</th>
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<tbody>
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Notes

__________________________

Clinical Service Chief Signature: ___________________ Date: ____________

FOR MEDICAL STAFF OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Committee action</th>
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<tbody>
<tr>
<td>Credentials Committee action</td>
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<td>Medical Executive Committee action</td>
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<td>Board of Directors action</td>
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Adopted: November 11, 2010
Revised: July 8, 2013 (Credentials); July 16, 2013 (MEC & BOT)