



The UNIVERSITY HOSPITAL

University of Medicine & Dentistry of New Jersey

NEWARK, NEW JERSEY

Department of Otolaryngology Clinical Privileges

Name:	
<i>To be completed by the Medical Staff Office:</i>	
Effective from:	to:
<i>Check one:</i>	
<input type="checkbox"/> Initial Privileges (appointment)	
<input type="checkbox"/> Renewal of Privileges (reappointment)	

Applicant: Check the 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.

Chief of Service and/or Division Chief: Check and initial the privileges requested and include your recommended plan for Focused Professional Practice Evaluation. If recommended with conditions or not recommended, provide the condition or explanation on the last page of the form.

Other Requirements:

- Note that privileges granted may only be exercised at the site(s) and/or settings(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining the qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirement that the organization is obligated to meet.

QUALIFICATIONS FOR OTOLARYNGOLOGY

Initial privileges: To be eligible to apply for privileges in Otolaryngology, the 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/OR

Current subspecialty certification or active participation in the examination process (within achievement of certification within five years of graduation leading to certification in otolaryngology by the American Board of Otolaryngology or the American Osteopathic Board of Otolaryngology—Head and Neck Surgery.

Required current experience: At least 20 Otolaryngologic surgery procedures, reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months..

Renewal of privileges: To be eligible to renew privileges in otolaryngology, the applicant must meet the following criteria:

Current demonstrated competence and an adequate volume of experience (20 otolaryngology 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. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Requested (Initials)	Approved (Initials)	Denied (Initials)
<p>To the applicant: Please initial in this column and check off the appropriate box for the privileges you are requesting.</p>	<p>Core Privileges in Otolaryngology— Core Privileges in Otolaryngology Include admit, evaluate, diagnose, and 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, 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 the 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 procedures list and such other procedures that are extensions of the same techniques and skills:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Performance of history and physical exam <input type="checkbox"/> Surgery on the ear, auditory canal, the tympanic membrane, and the contents of the temporal bone (e.g., tympanomastoidectomy, labyrinthectomy, mastoidectomy, canaloplasty, stapedectomy, auriculectomy/wedge resection/reconstruction, and temporal bone resection) <input type="checkbox"/> Endoscopy (direct laryngoscopy [fiberoptic and rigid], nasopharyngoscopy, true vocal fold injection/thyroplasty, laser/ cold-knife microlaryngeal surgery/arytenoidectomy, microdebrider endoscopy, esophagoscopy [diagnostic, foreign body removal, dilation], and bronchoscopy [diagnostic, foreign body removal, dilation, laser, and fiberoptic]) <input type="checkbox"/> Plastic and reconstructive surgery, including facial resurfacing, blepharoplasty, rhinoplasty, rhytidectomy, otoplasty, mentoplasty, liposuction, implantation of autogenous, homologous, and allograft, and repair of lacerations <input type="checkbox"/> Harvesting of skin, fat, or bone grafts of the 	

<p>To the applicant: Please initial in this column and check off the appropriate box for the privileges you are requesting.</p>	<p>head and neck, hips, trunk, and extremities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Incision/excision biopsy <input type="checkbox"/> Needle/punch biopsy <input type="checkbox"/> Endoscopic biopsy <input type="checkbox"/> Lip surgery, including lip shave wedge excision/reconstruction and upper/lower lip resection/reconstruction <input type="checkbox"/> Myocutaneous flap (pectorals, trapezius, and sternocleidomastoid) <input type="checkbox"/> Surgery of the thyroid/parathyroid (lobectomy/subtotal/total thyroidectomy and parathyroidectomy) <input type="checkbox"/> Reconstructive procedure of the upper airway <input type="checkbox"/> Reduction of facial fractures <input type="checkbox"/> Repair of fistulas (oral-antral, oral-nasal, oral-maxillary, oral-cutaneous, pharyngocutaneous, tracheo-cutaneous, and esophagocutaneous) <input type="checkbox"/> Surgery of the salivary gland, including parotidectomy, ranula excision, and plastic repair of salivary complex <input type="checkbox"/> Surgery of the larynx, including the external approach (e.g., laryngofissure and laryngeal framework surgery), internal/endoscopic approach (fiberoptic flexible and direct laryngoscopy, vocal fold surgery, laser surgery, and microdebrider surgery), biopsy, partial or total laryngectomy, and fracture repair <input type="checkbox"/> Surgery of the nasal and paranasal sinuses (frontal, maxillary, ethmoidal, sphenoidal) and surgery of the nasal mucosa and turbinates, including endoscopic (e.g., nasal septoplasty, inferior turbinoplasty, maxillary antrostomy [Caldwell Luc], ethmoidectomy, sphenoidectomy frontal sinusotomy, repair of cerebrospinal fluid fistula, dacryocystorhinostomy and nonendoscopic [e.g., septoplasty]) <input type="checkbox"/> Surgery of the oral cavity, including soft palate, tongue, mandible (e.g., uvulopalatopharyngoplasty, tongue suspension and volume reduction genioglossus advancement, lipectomy, hyoid suspension, partial/total glossectomy floor of mouth resection, mandibulotomy, and resection [hard/soft palate]) <input type="checkbox"/> Surgery of the pharynx, trachea, parapharyngeal space (i.e., tracheotomy tracheal resection and repair), cervical 		
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<p>To the applicant: Please initial in this column and check off the appropriate box for the privileges you are requesting.</p>	<p>esophagectomy, Zenker's diverticulum surgery open and endoscopic), mediastinal exploration/dissection, cricopharyngeal myotomy/myectomy, revision stenotic tracheostoma, partial/total pharyngectomy, and pharyngeal reconstruction</p> <p><input type="checkbox"/> Surgical removal of teeth in association with radical resection</p> <p><input type="checkbox"/> Tonsillectomy and adenoidectomy</p> <p><input type="checkbox"/> Use of Laser as an adjunct to privileged procedures</p>		
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QUALIFICATIONS FOR NEUROTOLOGY

Initial privileges: To be eligible to apply for privileges in neurotology, the applicant must meet the following criteria:

Successful completion of an ACGME- or 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 (with achievement of certification within 5 years) leading to subspecialty certification in neurotology by the American Board of Otolaryngology.

Renewal of privileges :Current demonstrated competence and an adequate volume of experience (?? otolaryngology 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. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Requested Initial		Approved Initial	Denied Initial
<p>To the applicant: Please initial in this column and check off the appropriate box for the privileges you are requesting.</p> <p>To the applicant:</p>	<p>Core Privileges in Neurotology—Core privileges in Neurotology include admit, evaluate, diagnose, treat, and provide consultation to patients of all ages presenting with diseases of the ear and temporal bone, lateral skull base, and related structures, including disorders of hearing and balance. Includes medical and surgical management skills for the care of diseases and disorders of the petrous apex, infratemporal fossa, internal auditory canals, cranial nerves, and lateral skull base in conjunction with neurological surgery. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the 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 procedures list and such other procedures that are extensions of the same techniques and skills.</p> <p><input type="checkbox"/> Performance of history and physical exam</p>		

<p><i>Please initial in this column and check off the appropriate box for the privileges you are requesting.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Acoustic neuroma surgery <input type="checkbox"/> Cochlear implantation <input type="checkbox"/> Facial nerve decompression <input type="checkbox"/> Decompression membranous labyrinth cochleosaculotomy, encolymphatic sac operation <input type="checkbox"/> Electrophysiologic monitoring of cranial nerves VII, VIII, X, XI and XII <input type="checkbox"/> Excision of glomus tumor <input type="checkbox"/> Excision of skull base tumor <input type="checkbox"/> Labyrinthectomy <input type="checkbox"/> Tympanoplasty and Mastoidectomy <input type="checkbox"/> Mid-/post fossa skull base surgery <input type="checkbox"/> Osseo integrated implants (for auricular prosthesis and for bone-anchored hearing aids) <input type="checkbox"/> Petrous apiectomy plus radical mastoid <input type="checkbox"/> Reconstruction congenital aural atresia <input type="checkbox"/> Repair of fistula (oval and round window) <input type="checkbox"/> Resection of cerebellopontine angle tumors <input type="checkbox"/> Stapedectomy <input type="checkbox"/> Temporal bone resection <input type="checkbox"/> VII nerve repair/substitution <input type="checkbox"/> VIII nerve section <input type="checkbox"/> Use of laser in any temporal bone or skull base operation <input type="checkbox"/> Placement of implantable hearing aids into the temporal bone <input type="checkbox"/> Harvest of nerve, cartilage, fat , or muscle grafts for use in temporal bone or skull base surgery 		
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SPECIAL NON CORE PROCEDURES/TECHNIQUES

To be eligible to apply for a special procedure listed below, the applicant must demonstrate an acceptable combination of education and clinical experience. As a basic requirement for privileges in these categories, applicants must provide evidence of formal training and direct clinical experience that relates to the types of patients for whom privileges are being requested. Experience of this nature may be gained through a graduated program of practice under the supervision of an experienced subspecialist; through successful completion of an approved, recognized course of continuing medical education; through supervised training in residency, fellowship or other graduate medical education experience; and provide documentation of competence in performing that class of procedures consistent with the criteria set forth in medical staff policies governing the exercise of specific privileges.

Requested (Initials)		Approved (Initials)	Denied (Initials)
	Robotic Surgery – Must meet the requirements of certification and proctoring,		
	Administration of Sedation and Analgesia – Requirements are current BLS/ACLS and completion of the Department of Anesthesiology requirements.		
	Administration of Chemotherapeutic Drugs – Please specify in the area below:		

I understand that as a member of the Medical Staff, I shall, in an emergency, be authorized to treat any medical diseases and/or perform any medical or surgical procedures indicated. An emergency, for these purposes, is defined as any situation in which any delay in administering treatment would result in serious harm to the patient or an immediate threat to the life of the patient.

Physician's Signature:	Date:
Chairperson's Signature:	Date:
Divisional Director's Signature (if applicable):	Date:
Chief of Staff's Signature:	Date:

Medical Staff Office:

Credentials Committee Action:	Date:
Medical Executive Committee Action:	Date:
Board of Trustees Action:	Date: