

General Information

All applicants must meet the qualifications, conditions and responsibilities as set forth in MLH Credentials Policies. Policies are located on www.methodistmd.org

Applicants seeking appointment, reappointment, and/or clinical privileges have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current clinical competence, character, ethics, and other qualifications and for resolving any doubts about an individual's qualifications.

Other requirements:

- Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid for initial granting and reappointment of privileges.
- 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.
- Privileges granted may be exercised only at the Hospitals that offer the service/specialty, have sufficient space, equipment, staffing, and other resources required to support the privilege.
- Requests for clinical privileges that are subject to an exclusive contract will not be processed except as consistent with the contract.

Evaluating Current Clinical Competence at time of Reappointment:

MLH Data will be obtained and analyzed as available from EMR reporting systems or Health Information Management.

If minimal activity/low volume, then the applicant should supply case logs from other facilities' HIM department or practice billing systems to meet the minimum requirement(s) to be considered for the privilege. Source of the logs must be denoted.

The preferable format for external case logs is Excel or PDF from the sourced system. Handwritten case logs are generally not accepted.

Case logs should include a blinded or partial patient number for case distinction, date of service, type of service (inpatient or outpatient), location of service, diagnostic code and/or procedure codes, and performing provider where applicable.

Privilege	Initial Application: Required Education or Training	Initial Application: Current Clinical Competence:	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
Surgery, General Core	<p>Current certification by the American Board of Surgery, or the American Osteopathic Board of Surgery.</p> <p>OR</p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in general surgery and board certification within 5 years of completion.</p>	<p>Case logs and procedure list from primary practice facility for the previous 12 month time period.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p>	<p>FPPE: First 5 major cases</p>
Surgery, General Pediatric Core	<p>Current certification by the American Board of Surgery, or the American Osteopathic Board of Surgery and board certification in pediatric surgery.</p> <p>OR</p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in general surgery and pediatric surgery, and board certification within 5 years of completion.</p>	<p>Case logs and procedure list from primary practice facility for the previous 12 month time period.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p>	<p>FPPE: First 5 episodes of care and cases including</p> <ul style="list-style-type: none"> • 2 inguinal hernia repair • 1 central line insertion, • 1 appendectomy, • 1 gastrostomy tube, • 1 circumcision, • 1 exploratory laparotomy on neonate with NEC

Privilege	Initial Application: Required Education or Training	Initial Application: Current Clinical Competence:	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
<i>Use of Laser</i>	<p>Completion of an approved eight hour minimum CME course which includes training in:</p> <ul style="list-style-type: none"> • laser principles and safety, • basic laser physics, • laser tissue interaction, • discussions of the clinical specialty field • and hands-on experience with lasers. <p>A letter outlining the content and successful completion of course must be submitted.</p> <p>OR</p> <p>Documentation of successful completion of an approved residency in a specialty or subspecialty which included training in:</p> <ul style="list-style-type: none"> • laser principles and safety, • basic laser physics, • laser tissue interaction, • discussions of the clinical specialty field • and a minimum of six hours observation and hands-on experience with lasers. 		<p>FPPE: First 5 cases</p> <p>Case log documenting 5 procedures within the previous 24 months</p>
<i>Stereotactic Breast Biopsy</i>	<p>Successful completion of training in the stereotactic and ultrasound guided technique of breast biopsy:</p> <ul style="list-style-type: none"> • during residency • or in an accredited course or institution; <p>AND possession of privileges for breast imaging interpretation.</p> <p>Successful completion of at least 15 hours of Category 1 continuing medical education in stereotactic breast biopsy.</p>	Proctor evaluations for three successful cases	<p>FPPE: First 5 cases</p> <p>Case log documenting 4 procedures within the previous 24 months</p>

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Privilege	Initial Application: Required Education or Training	Initial Application: Current Clinical Competence:	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
<i>Advanced Laparoscopic Procedures</i>	Documentation of training: <ul style="list-style-type: none"> during general surgery residency, or documentation of hands on course or training under a preceptor or accredited fellowship. 	Proctor evaluations for three successful cases for each procedure	FPPE: First 5 cases Case log documenting 4 procedures within the previous 24 months
<i>Hyperthermic Intraperitoneal Chemo perfusion (HIPEC)</i> – LIMIT TO UNIVERSITY ONLY	Maintain privileges in General Surgery AND Successful completion of training in HIPEC either in: <ul style="list-style-type: none"> residency, fellowship with training director validation letter or through CME validated by training certificate. 	If HIPEC training was part of fellowship training and training was completed < 2 years prior to application for the privilege, applicant must provide case log documenting 4 successfully completed cases. OR If performing the procedure at an outside facility, applicant must provide a case log of 4 cases successfully performed within the past 24 months. OR If HIPEC training was part of fellowship training and training was completed > 2 years prior to application for the privilege, and applicant has not independently performed 4 cases within the past 24 months: Successful completion of four (4) proctored cases as evidenced by proctor evaluation forms.	FPPE: First 2 cases Case log documenting 4 cases within the previous 24 months.

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Privilege	Initial Application: Required Education or Training	Initial Application: Current Clinical Competence:	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
Bariatric Surgery - Adult			
	<p>Current certification by the American Board of Surgery, or the American Osteopathic Board of Surgery.</p> <p>OR</p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in general surgery and board certification within 5 years of completion.</p> <p>AND</p> <p>Proof of residency or fellowship training in bariatric surgery as evidenced by bariatric surgery case log and letter indicating competency from training institution bariatric surgeon</p> <p>OR</p> <p>Must have completed an American Society for Metabolic and Bariatric Surgery Essentials Course or equivalent and provide training certificate.</p>	<p>Case log documenting the performance of at least 25 bariatric procedures within the previous 12 months.</p> <p>OR</p> <p>Completion of 10 successfully proctored bariatric procedures as evidenced by submission of proctor evaluation forms.</p>	<p>Case log documenting 40 bariatric procedures within the previous 24 months</p>

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Privilege	Initial Application: Required Education or Training	Initial Application: Current Clinical Competence:	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
Bariatric Surgery – Adolescent			
<i>Adolescent Gastric Sleeve Resection</i>	<p>Current certification by the American Board of Surgery, or the American Osteopathic Board of Surgery and board certification in pediatric surgery.</p> <p>OR</p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in general surgery and pediatric surgery, and board certification within 5 years of completion.</p> <p>AND</p> <p>Proof of residency or fellowship training in bariatric surgery as evidenced by bariatric surgery case log and letter indicating competency from training institution bariatric surgeon</p> <p>OR</p> <p>Bariatric surgery case log from pediatric surgery fellowship and letter indicating competency from training institution bariatric surgeon</p> <p>OR</p> <p>Bariatric surgery case log from bariatric surgery fellowship and certificate from American Society for Metabolic and Bariatric Surgery</p>	<p>Case logs of 10 Pediatric Gastric Sleeve Resections within the previous 12 months.</p> <p>OR</p> <p>Case log documenting 10 foregut procedures (Nissen fundoplication, lap splenectomy, lap gastrostomy tube insertion, lap cholecystectomy) and/or advanced procedures (such as ovarian mass resection, Soave pull-through, assisted colectomy)</p> <p>AND</p> <p>Completion of 10 successfully proctored Pediatric Gastric Sleeve Resections as evidenced by submission of proctor evaluation forms</p>	<p>FPPE: First 5 cases</p> <p>Case log documenting the performance of or participation in at least 5 Pediatric Gastric Sleeve Resections within the previous 12 months</p>

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Privilege	Initial Application: Required Education or Training	Initial Application: Current Clinical Competence:	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
<i>Adolescent Roux-en-Y Gastric Bypass</i>	<p>Current certification by the American Board of Surgery, or the American Osteopathic Board of Surgery and board certification in pediatric surgery.</p> <p>OR</p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in general surgery and pediatric surgery, and board certification within 5 years of completion.</p> <p>AND</p> <p>Proof of residency or fellowship training in bariatric surgery as evidenced by bariatric surgery case log and letter indicating competency from training institution bariatric surgeon</p> <p>OR</p> <p>Bariatric surgery case log from pediatric surgery fellowship and letter indicating competency from training institution bariatric surgeon</p> <p>OR</p> <p>Bariatric surgery case log from bariatric surgery fellowship and certificate from American Society for Metabolic and Bariatric Surgery</p>	<p>Case logs of 10 Pediatric Roux-en-Y Gastric Bypass procedures within the previous 12 months</p> <p>OR</p> <p>Completion of 10 successfully proctored Pediatric Roux-en-Y Gastric Bypass procedures as evidenced by submission of proctor evaluation forms</p>	<p>FPPE: First 5 cases</p> <p>Case log documenting the performance of or participation in at least 5 Pediatric Roux-en-Y Gastric Bypass procedures within the previous 12 months</p>
Endoscopic Adult Procedures		See specific procedures below	See specific procedures below
<i>EGD</i>		Case log documenting the performance of at least 25 procedures within the previous 24 months	<p>FPPE: First 5 cases</p> <p>Case log documenting the performance of at least 25 procedures within the previous 24 months</p>
<i>Colonoscopy, fiberoptic</i>		Case log documenting the performance of at least 50 procedures within the previous 24 months	<p>FPPE First 5 cases</p> <p>Case log documenting the performance of at least 50 procedures within the previous 24 months</p>

Delineation of Clinical Privileges Specialty of General Surgery

Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital

Privilege	Initial Application: Required Education or Training	Initial Application: Current Clinical Competence:	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
<i>Sigmoidoscopy fiberoptic</i>		Case log documenting the performance of at least 15 procedures (May be all colonoscopies or all sigmoidoscopies or a combination of both) within the previous 24 months	FPPE: First 5 cases (If surgeon completes colonoscopy FPPE, sigmoidoscopy FPPE is fulfilled) Case log documenting the performance of at least 15 procedures within the previous 24 months. (If surgeon meets colonoscopy maintenance, sigmoidoscopy maintenance is satisfied)
<i>Bronchoscopy</i>		Case log documenting the performance of at least 25 procedures within the previous 24 months	FPPE: First 5 cases Case log documenting the performance of at least 25 procedures within the previous 24 months
Endoscopic Adolescent Procedures		See specific procedures below	See specific procedures below
<i>EGD</i>		Case log documenting the performance of at least 25 procedures within the previous 12 months	FPPE: First 5 cases Case log documenting 25 procedures within the previous 24 months
<i>Colonoscopy, fiberoptic Adolescent</i>		Case log documenting the performance of at least 3 pediatric procedures within the previous 12 months	FPPE: First 5 cases Case log documenting 6 procedures within the previous 24 months
<i>Sigmoidoscopy, fiberoptic</i>		Case log documenting the performance of at least 15 procedures within the previous 12 months	FPPE: First 5 cases Case log documenting 6 procedures within the previous 24 months
<i>Robotic Surgery</i>	Applicants whose formal surgical training included robotic surgery: Training director letter validating competence in robotic surgery OR Applicants without formal surgical training in robotic surgery: Training Certificate validating completion of a robotic surgery training course which included didactic and laboratory training	Applicants whose formal surgical training included robotic surgery: Case log from training reflecting applicant was primary surgeon or If training logs are not available, privilege will be initially granted with a limit requiring five successful cases evidenced by retrospective review. OR Applicants without formal surgical training in robotic surgery: Privilege initially granted with a limit requiring concurrent proctoring of five successfully completed cases.	FPPE: First 5 cases Case log documenting the performance of at least 10 procedures over the previous 24 months

Core Privileges

The core privileges in the following specialties include procedures outlined in lists and such other procedures that are extensions of the same techniques and skills.

General Surgery Core Privilege:

Admit, evaluate, diagnose, consult, and provide pre-, intra-, and post-operative care, and perform surgical procedures, to patients of all ages, except where specifically excluded from practice, 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, vascular and endocrine systems. Provide management of trauma and complete care of critically ill patients with underlying surgical conditions in the emergency department, intensive care unit and trauma/burn units.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

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| <ul style="list-style-type: none"> • Abdominoperineal resection • Amputations, upper and lower extremity • Anoscopy • Appendectomy • AV graft and/or fistula for dialysis • Biliary endoscopy • Biliary enteric anastomosis • Biliary tract resection/reconstruction • 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 • Chest tube thoracostomy • Colectomy (abdominal) • Colon surgery for benign or malignant disease • Colotomy, colostomy • Correction of intestinal obstruction • Emergency thoracotomy • Enteric fistulae, management • Enterostomy (feeding or decompression) • Esophageal resection and reconstruction • Esophagogastrectomy | <ul style="list-style-type: none"> • Gastric operations for cancer (radical, partial, or total gastrectomy) • Gastroduodenal surgery • Gastroscopy • Gastrostomy (feeding or decompression) • Genitourinary procedures associated with malignancy or trauma • Gynecological procedures • Hepatic resection, infusion • Insertion and management of pulmonary artery catheters • Intraoperative angiography and imaging • Interpretation of intraoperative images pertaining to procedures • Intraoperative colonoscopy, esophagogastroduodenoscopy (EGD) • IV access procedures, central venous catheter • Laparoscopy, diagnostic, appendectomy, cholecystectomy, abdominal wall hernia repair, lysis of adhesions, mobilization, and catheter positioning • Laparotomy for diagnostic or exploratory purposes, or for management of intra-abdominal sepsis or trauma • Liver biopsy (intra operative), liver resection • Lymph node dissection, axillary, inguinal, retroperitoneal, cervical; biopsy cervical and other sites • Management of burns, perineal burns | <ul style="list-style-type: none"> • Pancreatectomy, total or partial • Pancreatic sphincteroplasty • Peritoneal venous shunts, shunt procedure for portal hypertension • Peritoneovenous drainage procedures for relief of ascites • Proctosigmoidoscopy, rigid with biopsy, with polypectomy/tumor excision • Radical regional lymph node dissections, including radical neck dissection, retroperitoneal, pelvic and inguinal • Removal of ganglion • Repair of perforated viscus • Repair of vessel • Selective vagotomy • Sentinel Node Biopsy • Skin grafts • 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 • Surgery treatment of anal fissure • Thorocentesis • Thoracoabdominal exploration |
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Board approved: March 2011

Revised 6/17/13, 11/09/15, 01/18/17, 2/15/17, 3/21/18, 5/15/19, 11/20/19, 4/15/2020, 1/18/23, 3/20/24

Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital
**Delineation of Clinical Privileges
 Specialty of General Surgery**

- Excision of fistula in ano/fistulotomy, rectal lesion, LIS
- Excision of pilonidal cyst/marsupialization
- Excision of retrosternal thyroid tumors
- Excision of thyroglossal duct cyst
- Incision and Drainage of abscesses and cysts, pelvic abscess
- Drainage of intra-abdominal, deep ischiorectal abscess
- Incision/drainage and debridement, perirectal abscess
- Incision/excision of pilonidal cyst
- Incision, excision, resection, and enterostomy of small intestine
- Management of hemorrhoids (internal and external), including Hemorrhoidectomy
- Management of intra-abdominal trauma, including injury, observation, paracentesis, and lavage; multiple trauma
- Management of soft-tissue tumors, inflammation and infection
- Operations on gallbladder, biliary tract, bile ducts and hepatic ducts
- Parathyroidectomy

- Thyroidectomy and neck dissection
- Tracheostomy
- Transhiatal esophagectomy

Hand Surgery (as part of general surgery)

- Incision and drainage
- Fasciotomy and fasciectomy
- Lacerations
- Open and closed reductions of fractures
- Removal of soft tissue mass, ganglion palm or wrist, flexor sheath, etc.
- Skin grafts
- Treatment of infections

General Surgery Pediatric Core Privilege:

Admit, evaluate, diagnose, consult and provide surgical (including pre- and postoperative) care to premature and newborn infants, children, and adolescents, to correct various conditions, disorders and injuries of the alimentary tract, abdomen and its contents, chest and its contents, breast, skin and soft tissue, head and neck, vascular system (excluding the intracranial vessels and the heart); endocrine system and minor extremity surgery (biopsy, I&D, foreign body removal, and skin grafts), comprehensive management of trauma including musculoskeletal, hand and head injuries, and complete care of critically ill patients with underlying surgical conditions in the emergency department, pediatric intensive care unit, and the trauma/burn units.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

- Appendectomy
- Biliary tract reconstruction
- Biliary tract surgery, excluding reconstruction
- Branchial cleft cyst resection
- Breast surgery (excisional biopsy and subcutaneous or simple mastectomy)
- Bronchoscopy
- Bronchoscopy-diagnostic or dilatation
- Central venous access, percutaneous or cutdown
- Catheterization of bladder
- Circumcision
- Correction of chest wall deformities, including minimal access techniques
- Correction of intussusception
- Correction of malrotation of intestine, congenital megacolon, and intestinal obstructions (including newborn)
- ECMO cannula placement
- Excision of Meckel's diverticulum
- Excision of neck masses
- Gastrostomy
- Gastro-duodenoscopy
- Gastrointestinal esophageal dilatation, gastroscopy, and G-tube placement
- Hepatic resection for tumor or trauma
- Incision and drainage of superficial abscesses, excision of subcutaneous cysts or tumors, and removal of subcutaneous foreign body
- Incision and drainage (skin)
- Insertion and management of central venous catheters, long-term
- Insertion and management of pulmonary artery catheter
- Insertion and management of chest tube
- Intraoperative colonoscopy
- Intraoperative esophagogastroduodenoscopy (EGD)
- Jejunostomy
- Nissen fundoplication
- Laparotomy for diagnostic or exploratory purposes, or for management of intra-abdominal sepsis and trauma
- Management of all forms of simple soft tissue tumors, inflammations, and infections
- Management of congenital defects of the abdominal wall and diaphragm, excluding groin and umbilical hernia
- Management of conditions of the male/female genitourinary system including tumors, congenital anomalies, traumatic injuries and infections
- Management of major vascular anomalies including patent ductus and vascular ring
- Management of simple pediatric trauma
- Management of tracheoesophageal fistulas or other congenital anomalies of the upper respiratory tract or the upper intestinal tract
- Nephrectomy for congenital anomalies, infection, tumors and tumors
- Peripheral arterial/venous access, percutaneous or cutdown
- Proctosigmoidoscopy
- Pulmonary resection for congenital anomalies, infection and tumors
- Pyloromyotomy
- Simple excision, biopsy (skin)
- Small bowel resection
- Suprapubic cystostomy tubes for neurogenic bladder
- Surgical management of adrenal and retroperitoneal tumors
- Surgery of the abdominal wall, including management of all forms of hernias, including diaphragmatic hernias, inguinal hernias, and orchiectomy in association with hernia repair
- Surgery of the spleen and associated lymphatic structures, including staging procedures for lymphoma and other forms of malignant disease
- TEF
- Thoracentesis
- Thoracoscopy
- Thoracotomy with drainage
- Tissue laceration repair
- Tracheostomy
- Tube thoracostomy
- Ventilator management > 48 hours

Special Privileges

The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

Moderate Sedation Administration

See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists.

Requires: Separate DOP, ACLS, NRP or PALS certification

General Surgery Clinical Privileges

Check below the particular privileges desired in General Surgery for each facility:

Please check (✓) applicable age categories for each privilege requested.

Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities				Methodist Healthcare – Olive Branch Hospital (MHOBH)
	Neonates (0-28 days)	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13-& Above)	Adults & Adolescents (13-& Above)
General Surgery Core					
General Surgery Pediatric Core					
Special Privileges					
Use of Laser					
Stereotactic Breast biopsy					
Advanced Laparoscopic Procedures including splenectomy, adrenalectomy, colon resection and Laparoscopic Nissen Fundoplication					
Adult Bariatric Privileges					
Adolescent Gastric Sleeve Resection - Up to age 25 if followed at Le Bonheur for comorbidities such as congenital heart disease					
Adolescent Roux-en-Y Gastric Bypass - Up to age 25 if followed at Le Bonheur for comorbidities such as congenital heart disease					
Endoscopic Procedures					
EGD					
Colonoscopy, fiberoptic					
Sigmoidoscopy, fiberoptic					
Bronchoscopy- diagnostic or dilatation					
<i>Hyperthermic Intraperitoneal Chemo perfusion (HIPEC) – LIMIT TO UNIVERSITY ONLY</i>					
<i>Robotic surgery</i>					
Limitations	Clinical privileges are granted only to the extent privileges are available at each facility.				
	Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.				

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 the facilities indicated above, to the extent services are available at each facility, and I understand that:

Board approved: March 2011

Revised 6/17/13, 11/09/15, 01/18/17, 2/15/17, 3/21/18, 5/15/19, 11/20/19, 4/15/2020, 1/18/23, 3/20/24

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(a) In exercising any clinical privileges granted, I am constrained by facility 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

Physician's Signature

Date

Printed Name