
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 and/or Training	Initial Application Current Clinical Competence (CCC)	Reappointment Retrospective review of cases performed at MLH facility (FPPE)
<p>Pediatric Robotic Surgery Privileges</p>	<p>Maintain current clinical privileges at Methodist Le Bonheur Healthcare in an appropriate pediatric specialty AND Complete Robotic Surgery training course, which includes didactic and laboratory training as evidenced by a certificate of completion</p> <p>OR Pediatric Robotic Surgery training in Residency or Fellowship, evidenced by case logs and attestation from Program Director, which may substitute for proctoring requirements if cases within the previous 24 months..</p>	<p>Completion of 5 successfully proctored robotic cases as evidenced by submission of proctor evaluation forms AND Current clinical competence in 10 major pediatric laparoscopic cases within the previous 12 months. Appropriate pediatric laparoscopic cases include:</p> <ul style="list-style-type: none"> • Pediatric General surgery: Laparoscopy of the biliary system, stomach, or intestines (excluding simple appendectomy). Acceptable procedures include cholecystectomy, Nissen fundoplication, atresia procedures, and colorectal procedures. • Pediatric Urology: Laparoscopic surgery of the kidney, ureter, bladder or bowel. Acceptable procedures include pyeloplasty, nephrectomy, partial nephrectomy, ureteral reimplantation, augmentation cystoplasty, mitrofanoff, or MACE procedure. • Pediatric Thoracic Surgery: Non-cardiac thoracic surgery. Acceptable procedures include pectus excavatum repair, lobectomy and lung biopsy, mediastinal mass resection, diaphragmatic hernia repair, plication of diaphragm, esophagectomy with esophageal replacement (colon or stomach) 	<p>FPPE: First 5 cases</p> <p>Case log documenting the performance of at least 10 pediatric robotic procedures over the previous 24 months</p>

Core Privileges

Pediatric Robotic Surgery Privileges:

Privileges granted allow this technique to be utilized on any procedure for which the practitioner has been granted open and laparoscopic privileges.



Pediatric Robotic Surgery Privileges Clinical Privileges

Check below the particular privileges desired in Pediatric Robotic Surgery Privileges:

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				
	Neonates (0-28 days)	Infants (29 days–2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13 & Above)	Adults (18 & Above)
Robotic Surgery					
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 the facility, and I understand that:

- (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