

Privileges in General Pediatric Surgery

Including Transplant Surgery

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.
5. To have **Administration of Sedation** privileges you must complete LPCH Sedation Privilege form (contact your medical staff coordinator for the form)

Required Qualifications

Initial Core Criteria Education/Training

Successful Completion of ACGME Accredited General Surgery Residency or foreign equivalent training.

AND

Successful completion of an ACGME accredited Fellowship in Pediatric Surgery (for patients 0-5 yrs old) or foreign equivalent training

AND

Current certification or active participation in the examination process leading to certification in Pediatric Surgery by the American Board of Surgery or foreign equivalent training/board

AND

Documentation or attestation of the management of problems for at least 50 Core inpatients or outpatients as the attending physician (or senior resident) during the past 2 years

FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Core Privileges

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Age Requested:	
	0-5 Years	
	6-12 Years	
	13+ Years	
	Privileges to evaluate, diagnose, consult, perform history and physical exam, and provide pediatric general surgical care	
	Repair Birth Defects within the scope of Pediatric General Surgery as defined by American Pediatric Surgical Association	
	Diagnosis and surgical care of tumors	
	Subglottic tracheobronchial operations	
	Endoscopic procedures such as bronchoscopy, esophagoscopy, esophagogastroduodenoscopy, colonoscopy, cystoscopy, vaginoscopy, laparoscopy, and thoracoscopy	
	Ventilator management	
	Surgical procedures in these areas of primary responsibility:	
	alimentary tract	
	abdomen and its contents	
	breasts, skin, and soft tissue	
	head and neck	
	vascular system, excluding the intracranial vessels and heart	
	lymphatic system	
	endocrine system, including thyroid, parathyroid, adrenal, and endocrine	
	pancreas	
	genitourinary system	
	minor extremity surgery	
	comprehensive management of trauma	
	care of critically ill children with underlying surgical conditions	
	vascular access	
	Thoracic cavity including esophagus, lung, mediastinum and excluding heart	
	Repair of chest wall deformities	

Qualifications

Renewal Criteria Minimum of 25 core cases required during the past two years.

FPPE

- Core Patients 6-12 years (Chart Review)
- Core Patients 13+ years (Chart Review)
- Patients 0-5 years Core (Direct Observation)

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Treatment of patients in outpatient clinics at Lucile Packard Children's Hospital (Criteria - Teaching appointment required)	
	Age requested: 0 - 5 years	
	Age requested: 6 - 12 years	
	Age requested: 13+ years	
	Use of fluoroscopy equipment (or supervision of other staff using the equipment) (Criteria - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required)	
	Age requested: 0 - 5 years	
	Age requested: 6 - 12 years	
	Age requested: 13+ years	
	Invasive fetoscopic-assisted procedures [CRITERIA - Initial: Completed fellowship in Maternal-Fetal Medicine (MFM) and/or Pediatric Surgery. Must have completed additional specialized training in fetal fetoscopic procedures following subspecialty training. Applicants must become board certified within five (5) years of completion of fellowship in the subspecialty of Maternal-Fetal Medicine or Pediatric Surgery and be recertified as required by their respective boards. Renewal: A minimum of 5 cases in the last two years, either at Stanford or at a collaborating institution. Privileges include but are not limited to: Fetal endotracheal balloon occlusion (FETO), fetoscopic laser photocoagulation of communicating placental vessels of twins and other higher order multiples, fetal cystoscopic procedures, fetoscopic assisted neural tube defect repair, fetoscopic excision of amniotic bands, bipolar umbilical cord occlusion and ablation of the umbilical cord through radiofrequency technique, Ex Utero Intrapartum Treatment (EXIT).]	
	Vascular Surgery Consult, treat and participate in the surgical and non-surgical care of pediatric patients of all ages. (Initial Criteria - 1. Successful completion of an ACGME accredited Residency/Fellowship in Vascular Surgery or foreign equivalent training. 2. Current certification or active participation in the examination process leading to certification in Vascular Surgery by the American Board of Surgery or foreign equivalent training/board. 3. Teaching appointment required 4. Current privileges in Vascular Surgery at SHC. Renewal Criteria - 1. Continued certification or active participation in the examination process leading to certification in Vascular Surgery by the American Board of Surgery or foreign equivalent training/board 2. Teaching appointment required 3. Renewed privileges in Vascular Surgery at SHC.)	
	Bariatric surgery (Initial Criteria - Documentation of appropriate training (American Society of Bariatric Surgery-sponsored course or equivalent) and experience. Renewal Criteria - Minimum 10 cases required in the past two years)	
	Age requested: 6 - 12 years	
	Age requested: 13+ years	
	Intraoperative ultrasound (Initial Criteria - Documentation of appropriate training (American College of Surgeons course or equivalent) and experience. Renewal Criteria - Minimum 2 cases required in the past two years)	
	Age requested: 0 - 5 years	
	Age requested: 6 - 12 years	
	Age requested: 13+ years	

Maternal-Fetal Surgery (Direct Observation)
Bariatric Surgery (Chart Review)
Bariatric Surgery (Direct Observation)
Robotic surgery (Direct Observation)
Intraoperative Ultrasound (Chart Review)

Trauma Surgery For Trauma Surgeon Management of Pediatric Trauma Patients <15 years

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Age requested: 0 - 5 years	
	Age requested: 6 - 12 years	
	Age requested 13+ years	

Qualifications

Clinical Experience (Initial) 1) Maintain ABS Board Certification or Active Participation in examination processing leading to Certification by the American Board of Surgery. 2) Active ATLS certification. 3) Case log demonstrating experience required. For Trauma Medical Director: CME list which identifies 12 hours of Trauma CMEs and Active ATLS certification.

Renewal Criteria 1) Maintain ABS Board Certification or Active Participation in examination processing leading to Certification by the American Board of Surgery. 2) Active ATLS certification. LPCH Trauma Medical Director to provide statement on the following: a) Active member of the trauma panel during the past year b) Participated in at least 50% of quarterly Pediatric Trauma Journal Clubs. c) Received and read the Executive Summary of all Pediatric Trauma Journal Clubs 5 d) Demonstrated clinical care competency through ongoing review by the monthly combined Pediatric - Adult Professional Practice Evaluation Committee. Annual review by Pediatric Trauma Medical Director. Minimum 2 cases required during the past two years. For Trauma Medical Director: CME list which identifies 12 hours of Trauma CMEs and Active ATLS certification.

FPPE

Trauma Surgery For Trauma Surgeon Management of Pediatric Trauma Patients <15 years

TRANSPLANT SURGERY

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Dept Chair Rec
	<p>Multi-organ abdominal transplantation (Initial Criteria - Documentation of appropriate training and experience with verification by the Chief of Transplantation Service. Renewal Criteria - Minimum 4 cases required in the past two years.)</p>	
	Age requested: 0 - 5 years	
	Age requested: 6 - 12 years	
	Age requested: 13+ years	
	<p>Kidney Transplantation Surgery (Initial Criteria - Completion of an American Society of Transplantation Surgery approved Fellowship in multi-organ transplantation and/or verification of substantial and current experience in the transplantation of infants and children Renewal Criteria - Minimum 1 cases required in the past two years)</p>	
	Age requested: 0 - 5 years	
	Age requested: 6 - 12 years	
	Age requested: 13+ years	
	<p>Liver Transplantation Surgery (Initial Criteria - Completion of an American Society of Transplantation Surgery approved Fellowship in multi-organ transplantation and/or verification of substantial and current experience in the transplantation of infants and children. Renewal Criteria - Minimum 1 case required in the past two years)</p>	
	Age requested: 0 - 5 years	
	Age requested: 6 - 12 years	
	Age requested: 13+ years	
	<p>Pancreas Transplantation Surgery (Initial Criteria - Completion of an American Society of Transplantation Surgery approved Fellowship in multi-organ transplantation and/or verification of substantial and current experience in the transplantation of infants and children Renewal Criteria - Minimum 1 case required in the past two years)</p>	
	Age requested: 0 - 5 years	
	Age requested: 6 - 12 years	
	Age requested: 13+ years	
	<p>Intestinal Transplantation Surgery (Initial Criteria - Completion of an American Society of Transplantation Surgery approved Fellowship in multi-organ transplantation and/or verification of substantial and current experience in the transplantation of infants and children Renewal Criteria - Minimum 1 case required in the past two years)</p>	
	Age requested: 0 - 5 years	
	Age requested: 6 - 12 years	
	Age requested: 13+ years	

FPPE

- Multi-organ abdominal transplantation (Chart Review)
- Multi-organ abdominal transplantation (Direct Observation)
- Kidney Transplantation Surgery (Chart Review)
- Kidney Transplantation Surgery (Direct Observation)
- Liver Transplantation Surgery (Chart Review)
- Liver Transplantation Surgery (Direct Observation)
- Pancreas Transplantation Surgery (Chart Review)

Pancreas Transplantation Surgery (Direct Observation)
 Intestinal Transplantation Surgery (Chart Review)
 Intestinal Transplantation Surgery (Direct Observation)

Acknowledgment of Applicant

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 Stanford Children's Health. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that 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.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this _____ Date
 privilege request

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - FPPE Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

Date