

Dermatology Privileges Department of Internal Medicine

Name:

(Please print)

- ' Initial privileges (initial appointment)
- ' Renewal of privileges (reappointment, on 2 year specialty cycles)
- ' Modification of privileges (request for any additional privileges beyond those previously granted)

Basic Education: MD or DO

Minimal formal training: Successful completion of an ACGME, AOA, accredited residency in dermatology. Current certification or active participation in the examination process (with achievement of certification within 5 years of training) leading to ABD certification or AOBD CAQ in dermatology.

Maintenance of Basic Life Support (BLS) is required.

Required current experience: Inpatient, outpatient, clinic, or consultative care reflective of the scope of privileges requested, to at least 24 patients during the past 12 months, or successful completion of an ACGME, AOA accredited residency or clinical fellowship within the past 12 months.

Facility (Check ALL that are applicable to your request)								
Baroness*	Children's**	North	East	Bledsoe/Sequatchie				

* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics

**Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

Core Dermatology Privileges:

Core privileges for dermatology include the ability to admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, with benign and malignant disorders of the skin, mouth, external genitalia, hair, and nails, as well as sexually transmitted diseases. Core privileges also include the diagnosis and treatment of dermatologic conditions including inflammatory dermatoses, immunobullous disease, genodermatoses, cutaneous oncology including both benign and malignant tumors, alopecia, nail disorders, scars, photo and cutaneous rejuvenation, and recognition and treatment of skin manifestations of systemic and infectious diseases.

Privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff regulations regarding emergency and consultative call services.

The core privileges in Dermatology include the procedures listed below:

Botulinum toxin injection Chemical face peels Destruction of benign and malignant tumors Electrosurgery Excision of benign and malignant tumors with simple, intermediate, and complex repair techniques, including adjacent tissue transfer and skin grafts Interpretation of specially prepared tissue sections, cellular scrapings, and smears of skin lesions by means of routine and special (electron and fluorescent) microscopes Nail procedures including avulsion and nail apparatus surgery Intralesional injections Patch tests Perform history and physical exam Photomedicine, phototherapy, and topical/systemic pharmacotherapy Potassium hydroxide examination Sclerotherapy Skin and nail biopsy Soft tissue augmentation

Special Non-Core Privileges in Dermatology:

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

Procedure	Baroness	Children's	North	East	Bledsoe/Sequatchie
Laser Use					
MMS					
Dermabrasion					
Liposuction					
Mohs Surgery (requires dedicated fellowship training)					
Administration of Moderate sedation and analgesia (see page 3 for criteria).					

Request for Privilege Not Listed in Core or Special Non-Core (please list the privilege and provide justification as well as any accompanying certifications or case logs)

CRITERIA – To administer Moderate Sedation

1. Basic education: MD, DO, DDS, or DMD

2. Successful completion of a post-graduate residency training program of at least three years' duration.

3. Trained in the professional standards and techniques to administer pharmacologic agents to predictably achieve either minimal or moderate sedation and monitor patients carefully in order to maintain them at either of these levels of sedation-either intentionally or unintentionally. Acceptable training may be the completion of a course offered by any local hospital or the local Medical Society. Documentation of completion is required.

4. Must be able to evaluate and document evaluation of the patient prior to performing minimal or moderate sedation.

5. Must be qualified to rescue patients from *deep* sedation and trained to manage a compromised airway and to provide adequate oxygenation and ventilation.

6. Current proof of ACLS, PALS, or ATLS

7. Able to demonstrate that he/she has administered minimal or moderate sedation or analgesia to at a minimum of five (5) patients during the past 12 months.

NOTE: Deep Sedation is limited to Anesthesia/CRNAs, Critical Care, and Emergency Medicine and full Anesthesia is limited to Anesthesiologists and CRNAs and is outlined in their delineation of privileges.

Department Chief Recommendation:

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

- ' Recommended as Requested
- ' Recommended with Modifications (See comments below)
- ' Not Recommended (See comments below)

Chief Comments:

Provider Signature

Date

Chief Signature

Date

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