

UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS

**Thoracic Surgery
Delineation of Privilege Form
Page 1 of 2**

Name: _____

Date: _____

| Privilege / Operative Procedure | Applicant Check (✓) if requested | Department Chief (Initial) | | |
|---|----------------------------------|----------------------------|-----------------|----------------------------------|
| | | Recommended | Not Recommended | Conditions (provide explanation) |
| Category I Privileges | | | | |
| Admit, treat and consult on patients with diseases / disorders/ conditions requiring surgical intervention. | | | | |
| ICU/CCU privileges for the admission, treatment and/or consultation of the surgical needs of the patient. | | | | |
| Extended (> 48 hours) ventilator management | | | | |
| Tracheobronchial Tree | | | | |
| Tracheostomy | | | | |
| Resection of stricture or tumor | | | | |
| Repair of rupture or laceration | | | | |
| Esophagus | | | | |
| Cervical | | | | |
| Thoracic | | | | |
| Abdominal (antireflux procedures)-open | | | | |
| Hernioplasty | | | | |
| Hiatal- open | | | | |
| Lung | | | | |
| Pneumectomy | | | | |
| Lobectomy | | | | |
| Segmental or wedge resection | | | | |
| Thoracotomy for exploration and biopsy | | | | |
| Decortication or pleurectomy | | | | |
| Drainage of empyema | | | | |
| Mediastinum | | | | |
| Thymectomy | | | | |
| Drainage | | | | |
| Tumor | | | | |

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| | | Recommended | Not Recommended | Conditions (provide explanation) |
| Pacemaker Insertion: | | | | |
| Temporary | | | | |
| Permanent | | | | |
| Category II Privileges – Require successful completion of an approved recognized course when such exists, acceptable supervised residency & fellowship or other acceptable advanced training | | | | |
| Diagnostic and Videoscopic Assisted Procedures | | | | |
| Mediastinoscopy | | | | |
| Rigid Bronchoscopy | | | | |
| Flexible Bronchoscopy | | | | |
| Esophagoscopy | | | | |
| Thoracoscopy | | | | |
| Diagnostic | | | | |
| Therapeutic: | | | | |
| Drainage | | | | |
| Pleurodesis | | | | |
| Pulmonary wedge resection | | | | |
| Sympathetic nervous system | | | | |
| Moderate Sedation- Criteria for Approval: must be competent in airway management | | | | |
| Fluoroscopy- Criteria for Approval: Evidence of current competency on initial application and completion of fluoroscopy review course every 2 years thereafter. | | | | |

Acknowledgment of Practitioner:

I have requested only those specific privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform and for which I wish to exercise at UMMC Midtown; and I understand that in exercising any clinical privileges granted, I am constrained by all UMMC Midtown and medical staff policies and rules applicable generally and all applicable to the particular situation.

Applicant's Signature

Date