## UPMC

## Delineation of Privileges Request Criteria Summary Sheet

## Facility: Children's Hospital of Pittsburgh of UPMC

## Specialty: ORAL MAXILLOFACIAL

TRAINING/EDUCATION/BOARD	MD , DDS, or DMD or equivalent International degree
STATUS	
	Pediatric Oral Maxillofacial:
	Accredited Oral/Maxillofacial training program
	Initially board certified in Oral/Maxillofacial Surgery
	<ul> <li>Ongoing certification in Oral/Maxillofacial Surgery</li> </ul>
	Pediatric Oral Maxillofacial Satellite:
	Accredited Oral/Maxillofacial training program
	Initially board certified in Oral/Maxillofacial Surgery
	Ongoing certification in Oral/Maxillofacial Surgery
VOLUME/EXPERIENCE	hattich / De distation De aforme ed as a minerar a surger an at la set 40
	Initial/ Pediatric: Performed as primary surgeon at least 40 procedures in the past 24 months.
	<b><u>Reappointment/Pediatric:</u></b> Performed as primary surgeon at least
	<u>20</u> procedures in the past 24 months
	30 Category I CME's (five (5) must be patient safety/risk
	management related) All CME's must be within the past 24
	months.
	Initial/ Pediatric Satellite: Performed as primary surgeon at least 40
	procedures in the past 24 months.
	Reappointment/Pediatric Satellite: Performed as primary surgeon
	at least <b>20</b> procedures in the past 24 months
	20 Catagony I CNAE's (five (E) must be patient sofety (risk
	30 Category I CME's (five (5) must be patient safety/risk management related) All CME's must be within the past 24
	months.

Specia	l Privileges
$\triangleright$	Procedural Sedation (Performed at least 20 in the past 24
	months) – One of the following certifications required – PALS,
	ATLS, and/or ACLS
$\checkmark$	Arthroscopic surgery, TM joint (Performed as primary
	surgeon at least <u>5</u> procedures in the past 24 months)
$\triangleright$	Calvarial bone grafting (Performed as primary surgeon at
	least <u>5</u> procedures in the past 24 months)
$\blacktriangleright$	Cleft lip repair(Performed as primary surgeon at least <u>5</u>
	procedures in the past 24 months)
$\triangleright$	Cleft palate deformities, including alveolar reconstruction,
	fistula repair & orthognathic reconstruction(Performed as
	primary surgeon at least <u>5</u> procedures in the past 24 months)
$\blacktriangleright$	Coronal scalp flaps for correction of dentofacial
	abnormalities and jaw or facial reconstruction (Performed as
	primary surgeon at least <u>5</u> procedures in the past 24 months)
$\checkmark$	Costochondral grafting (Performed as primary surgeon at
	least <u>5</u> procedures in the past 24 months)
$\checkmark$	Facial pain, peripheral V-3, V-2 blocks or resection
	(Performed as primary surgeon at least <u>5</u> procedures in the
	past 24 months)
$\succ$	Fibula bone graft harvesting (Microvascular fibular grafts to
	be done with plastic surgery assistance) (Performed as
	primary surgeon at least <b>10</b> procedures in the past 24 months
	or appropriate fellowship training)
×	Management of neural injuries of the oral and maxillofacial
	region, including nerve reanastomosis and grafting
	(Performed as primary surgeon at least <u>5</u> procedures in the
	past 24 months)
$\checkmark$	Minimally invasive surgery and laser surgery (Must attach
	documentation of completion of appropriate training
	courses and/or experience) (Performed as primary surgeon
	at least <u>5</u> procedures in the past 24 months)
	Reconstruction of congenital or acquired dentofacial
	abnormalities utilizing bone and/or skin grafting (Performed
	as primary surgeon at least <u>5</u> procedures in the past 24
	months)
	Salivary gland disorders; excision of sialolith involving
	submaxillary and parotid glands and ducts; excision of
	submaxillary glands with etiology of chronic sialodentitis
	(Performed as primary surgeon at least <u>5</u> procedures in the
	past 24 months)
×	Craniofacial surgery for congenital or acquired conditions, if
	intra-cranial component, in conjunction with a
	neurosurgeon and/or appropriate specialist (Performed as
	primary surgeon at least <u>5</u> procedures in the past 24 months)
$\checkmark$	Fluoroscopy (Certificate Required)