

EVALUATION OF CLINICAL PRIVILEGES - OTOLARYNGOLOGY

For use of this form, see AR 40-68; the proponent agency is OTSG.

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. PERIOD OF EVALUATION <i>(YYYYMMDD)</i> FROM _____ TO _____
4. DEPARTMENT/SERVICE	5. FACILITY <i>(Name and Address: City/State/ZIP Code)</i>	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PROCEDURE/SKILL	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
Otology				
	a. Excision of temporal bone and external ear benign and malignant lesions			
	b. Reconstruction of middle and external ear structures			
	c. Facial nerve repair, decompression, and rerouting			
	d. Mastoidectomy, endolymphatic sac surgery, labyrinthectomy			
	e. With operative neurosurgical participation, translabyrinthine and cranial fossa approaches to the internal auditory canal			
	f. Audiant implantable hearing device			
	g. Cochlear implantation			
	h. Canal hearing aid recontouring procedure			
Nose and Paranasal Sinuses				
	a. Surgery for airway obstruction and correction of functional, congenital and cosmetic deformities			
	b. Procedures on maxillary, frontal, sphenoidal, ethmoidal disease			
	c. Evaluation and treatment of upper respiratory allergic disorders			
Head and Neck				
	a. Excision of benign and malignant lesions of skin, salivary glands, thyroid glands, parathyroid glands, oral cavity, pharynx, larynx, lymphatic system, cervical esophagus and neck, cervical trachea including major ablative cancer surgery			
	b. Repair or reconstruction of traumatic, anatomical, or surgical defects, including use of microsurgical techniques			
Facial Plastic and Reconstructive Procedures				
	a. Scar revision, excision of benign and malignant lesions			
	b. Blepharoplasty, rhytidoplasty, chemical peel, dermabrasion, brow lift, uvulopharyngopalatoplasty			
	c. Repair of lacerations, skin and muscle flaps, use of implants above the clavicle			
Maxillofacial and Head & Neck Trauma				
	a. Repair of and reconstruction of injuries of the soft tissue and bone of the facial skeleton, head and neck			
Broncho-Esophagology				
	a. Use of panendoscopy in the evaluation of head and neck cancer patients			
	b. Foreign body removal			
	c. Other diagnostic and therapeutic endoscopy for disorders of the larynx, trachea, bronchi, and cervical esophagus			
Allergy				
	a. Immunotherapy of upper respiratory allergic disorders			

