1. MEMBERSHIP in the section shall consist of duly licensed hospital staff physicians who have completed their residency in plastic and reconstructive surgery, to satisfy requirements for Board eligibility or certification, and are currently engaged in private practice of plastic and reconstructive surgery.

2. PRIVILEGES to perform specific surgical procedures granted by the governing board as recommended by the credentials committee and the department of surgery based on evidence of surgeon's training experience and temperament shall be maintained in a file in the operating room for ready reference, updated biannually and/or as new evidence is acquired.

3. PREOPERATIVE DOCUMENTATION of history, physical examination and currently customary laboratory and x-ray findings shall reflect the patient's general condition as well as indications for proposed operative procedure and shall be available to the anesthesiologist comfortable in advance for conduct of safe anesthesia. Informed consent for proposed procedure and intent to administer blood transfusions shall be properly signed and witnessed. Previous medical records and x-ray films will be made available at the surgeon's request, as will most other equipment and materials specified reasonably in advance.

4. SCHEDULING of operations shall be accepted only from operating surgeon or his representative. Reasonable estimate of anticipated time to be consumed shall be given at time of scheduling. Operating room supervisor is responsible for arranging schedule for optimal utilization of the surgical suite.

5. CLOTHING worn in the operating room shall be either covered by a gown when leaving the department, or it should be changed upon re-entry. It should adequately cover or replace attributes worn outside the O.R. The deportment of all personnel in O.R. shall at all times reflect the currently accepted germ theory of disease propagation and maintain measures indicated for sterility consistent with circumstances pertinent to the proposed procedure.

6. TARDINESS by the operating practitioner, assistant or any other participant instrumental in delay of more than 20 minutes of starting time may result in rearrangement of schedule by the supervisor for optimal utilization of the facility's time. Chronicity in this matter will preclude scheduling other than "to follow" for a period of time determined by the chairman of the department.
7. DICTATION adequately describing findings, alleged accomplishments, including material and methods used, complications and their management, shall be effected within 12 hours of completion of last operation of that day. All tissue and foreign bodies removed is to be submitted for pathologist's evaluation. Exceptions to this rule may be redundant tissues removed incidental to the main procedure such as skin and fat to permit closure, but disposition of such tissue must be recorded. An operative progress note shall be entered.

8. DEPORTMENT of the surgeon and his entourage shall remain reasonable consistent with currently prevailing degree of civilization. Procedural and organization integrity shall remain unperturbed despite anyone's bombastic and haphazard attempts at rearrangement of the organization. Primadonnish behavior will not be tolerated unless reasons for such can be substantiated to the credentials committee.

9. EMERGENCY ROOM RESPONSIBILITIES for Plastic Surgery Section Members

   A. Northwest Community Hospital Emergency Room and Treatment Center call is mandatory for all section members with the following exception: plastic surgeons who have achieved senior attending staff status may decline to participate.

   B. The plastic surgery (hand surgery included where appropriate) rotation shall be of one week duration - beginning at 8:00 AM on Monday and ending at 8:00 AM the following Monday.

   C. The rotation is developed by Dr. Graudins and forwarded to the medical staff office. The medical staff office maintains the roster. If the plastic surgeon is unable to fulfill his/her obligation, he/she will be responsible to find a substitute to cover, and then notify the medical staff office of the substitution. The medical staff office will notify all appropriate departments of changes in the call roster.

Reviewed/Revised by Plastic Surgery section 11/9/93