## MIDLAND MEMORIAL HOSPITAL Delineation of Privileges FAMILY MEDICINE/HOSPITALIST



Your home for healthcare

### Physician Name: \_\_\_\_\_

## **Family Medicine Core Privileges**

## Qualifications

Minimum threshold criteria for requesting core privileges in family medicine:

- Basic education: MD or DO
- Minimum formal training: Successful completion of an ACGME- or AOA-accredited residency in family medicine.

AND

• Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification in family medicine by the ABFM or family practice and OMT by the AOBFP. (\*Members of the Staff prior to the adoption of Bylaws 10/2007 are considered grandfathered in and are encouraged but not required to achieve board certification).

Required current experience:

 Provision of care, reflective of the scope of privileges requested, for at least 25 inpatients as the attending physician during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

## **References for New Applicants**

If the applicant is recently trained, a letter of reference should come from the director of the applicant's training program. Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced.

### Reappointment

Reappointment should be based on unbiased, objective results of care according to the organization's existing quality improvement measures. To be eligible to renew privileges in family medicine, the applicant must demonstrate competence and an adequate volume of experience (50 inpatients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

### Please check requested privileges.

Requested D	Approved D	Not Approved 🛛	<ul> <li>Core privileges include but are not limited to:</li> <li>Performance of history and physical exam</li> <li>Abdominal paracentesis</li> <li>Arthrocentesis and joint injection</li> <li>Breast cyst aspiration</li> <li>Management of burns, superficial and partial thickness</li> <li>Excision of cutaneous and subcutaneous lesions, tumors, and nodules</li> <li>Incision and drainage of abscesses</li> <li>Performance of local anesthetic techniques</li> <li>Lumbar puncture</li> <li>Management of uncomplicated, minor, closed fractures and uncomplicated dislocations</li> <li>Performance of simple skin biopsies</li> <li>Peripheral nerve blocks</li> <li>Placement of a nonpenetrating foreign body from the eye, nose, or ear</li> </ul>
ability to admit, evalu consultation to patien illnesses, diseases, in circulatory, respirator	ate, diagnose, trea its of all ages with a juries, and function y, endocrine, metal penteric, integumen hitourinary systems its in the intensive	a wide variety of al disorders of the polic, musculoskeletal, tary, nervous, female . Physicians may also	

Requested 🗅	Approved D	Not Approved	<ul><li>Suturing of uncomplicated lacerations</li><li>Suprapubic bladder aspiration</li></ul>	
<b>Core privileges:</b> Core privileges for <i>hospitalists</i> are considered to be the same as those for general internists, including admission, evaluation, diagnosis, treatment, and provision of nonsurgical treatment. Physicians may also provide care to patients in the intensive care setting in conformity with unit policies. Nonsurgical treatment consultation for patients admitted or in need of care to treat general medical problems.			<ul> <li>Assistance at surgery</li> <li>Thoracentesis</li> <li>Ventilator management (not complex, including continuous positive airway pressure, up to 36 hours)</li> </ul>	
Requested	Approved D	Not Approved 🛛	Criteria	
Refer-and-follow privileges			physical, ordering n services, visiting pa consulting with the	erforming outpatient preadmission history and noninvasive outpatient diagnostic tests and tients in the hospital, reviewing medical records, attending physician, and observing diagnostic or with the approval of the attending physician or
Requested 🛛	Approved D	Not Approved 🛛	Procedure	Criteria
criteria (i.e., addition	<b>on-Core Privileges:</b> For each special request, threshold teria (i.e., additional training or completion of a recognized urse and required experience) must be established. Special		C-section Neonatal Circumcision Moderate Sedation	<ul> <li>New Applicant: Successful completion of an ACGME- or AOA-accredited residency in OB/GYN. Alternatively, if the applicant has completed a residency program in family medicine, he or she must be able to demonstrate the successful completion of a one-to-two year family medicine obstetric fellowship. Reappointment: If the applicant has not completed the aforementioned minimal formal training in the prior 12 months, he or she must demonstrate current competence and evidence of the performance of at least 50 deliveries, including five by C-section, in the prior 12 months.</li> <li>New Applicant: Applicant who has completed a residency and/or fellowship in the last two years may submit a letter from his or her program director indicating that the special request procedure was part of his or her training.</li> <li>If there is proof of training in circumcision, the applicant must perform the first 5 cases with a proctor.</li> <li>If there is no proof of training, the applicant will need a proctor to monitor first 10 cases. The proctor will provide a written report to the Medical Staff Office <i>or</i>,</li> <li>If the applicant has the special request privilege at an outside hospital, the hospital must provide a list of circumcision procedures performed by the applicant, including any identified quality variation.</li> <li>Reappointment: Documentation of 20 circumcisions in the last 24 months performed as the primary physician at MMH or in an outpatient setting without significant quality variations and within the last two years. It is expected that the practitioner will submit documentation of any adverse outcomes.</li> </ul>

## Family Medicine - Pediatrics Core Privileges

#### Qualifications

Minimum threshold criteria for granting core privileges in pediatrics:

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- Basic education: MD or DO
- Minimum formal training: The same as for family medicine core.

Required current experience:

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• Demonstrated current competence and evidence of the provision of care, reflective of the scope of privileges requested, to at least 10 pediatric inpatients in the past 12 months or completion of training in the past 12 months.

Please check reques			Performance of history and physical exam
Requested D	Approved D	Not Approved 🗅	Incision and drainage of abscesses
include the ability to adu patients up to the age of needs) who have comm the care of the normal r premature infant born a should be able to assess patients with emergent regarding emergency ar	mit evaluate, diagnose of 18 (and young adult non illnesses, injuries, newborn as well as the at or after 36 weeks of s, stabilize, and deterr conditions consistent nd consultative call ser	s with special healthcare or disorders. This includes e uncomplicated gestation. Physicians nine disposition of with medical staff policy	<ul> <li>Management of uncomplicated minor closed fractures and uncomplicated dislocations</li> <li>Performance of simple skin biopsy or excision</li> <li>Removal of nonpenetrating corneal foreign body</li> <li>Suturing of uncomplicated lacerations</li> </ul>

## Family Medicine - Gynecology Core Privileges

## Qualifications

Minimum threshold criteria for granting core privileges in gynecology:

Basic education: MD or DO

Minimum formal training:

• The same as for family medicine core.

Required current experience:

• Demonstrated current competence and evidence of provision of care, reflective of the scope of privileges requested, to at least 10 gynecologic inpatients in the past 12 months or completion of training in the past 12 months.

## Please check requested privileges.

Requested D	Approved	Not Approved 🛛	<ul> <li>Performance of history and physical exam</li> <li>Appropriate screening examination (including breast</li> </ul>
<b>Core Privileges:</b> Cor physicians include the and provide consultation injuries and disorders of genitourinary system. In the intensive care setti should be able to asset patients with emergen policy regarding emerge	ability to admit, eval on to postpubescent of the female reprodu Physicians may provi ng in conformance w ss, stabilize, and dete t conditions consister	uate, diagnose, treat, female patients with uctive system and the de care to patients in <i>v</i> ith unit policies. They ermine disposition of nt with medical staff	<ul> <li>examination)</li> <li>Cervical biopsy and polypectomy</li> <li>Colposcopy</li> <li>Cryosurgery/cautery for benign disease</li> <li>Culdocentesis</li> <li>Diagnostic cervical dilation and uterine curettage (including for incomplete abortion)</li> <li>Endometrial biopsy</li> <li>Excision/biopsy of vulvar lesions</li> <li>Incision and drainage of Bartholin duct cysts or marsupialization</li> <li>Insertion and removal of intrauterine devices</li> <li>Microscopic diagnosis of urine and vaginal smears</li> <li>Removal of foreign bodies from the vagina</li> <li>Suturing of uncomplicated lacerations</li> </ul>

## Family Medicine - Obstetrics Core Privileges Qualifications

Minimum threshold criteria for granting core privileges in obstetrics

Basic education: MD or DO

Minimum formal training:

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• The same as for family medicine core, plus documentation of two months of obstetrical rotation during family medicine residency, with 40 patients delivered, and current neonatal resuscitation program certification.

Required current experience:

• Demonstrated current competence and evidence of the performance of at least 10 deliveries in the past 12 months or completion of training in the past 12 months.

Please check reque	ested privileges.		-
Requested	Approved 🛛	Not Approved 🛛	<ul><li>Performance of history and physical exam</li><li>Amniotomy</li></ul>
Requested aApproved aCore Privileges: Obstetrics core privileges for family medicine physicians include the ability to admit, evaluate, and manage female patients with normal-term pregnancy, with an expectation of non-complicated vaginal delivery, management of labor and delivery, and procedures related to normal delivery, including medical diseases that are complicating factors in pregnancy (with consultation). Physicians may provide care to patients in the intensive care setting in conformance with unit policies. They should be able to assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.			
Requested D	Approved 🛛	Not Approved 🛛	Privilege/Criteria
Current Privileges: List any current privileges not listed above in core or non-core. These privileges will remain in effect until the end of the current appointment period and then will be moved up to the appropriate core/non-core section. Please provide criteria and supporting documentation to medical staff office for any non-core privileges listed.			Core
			Non-Core

# To the applicant: If you wish to exclude any privileges, please strike through the privileges that you do not wish to request and then initial.

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request. I have requested **only** those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Midland Memorial Hospital. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested and I understand that:

(a) In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

(b) Applicants have the burden of producing information deemed adequate by Midland Memorial Hospital for a proper evaluation of current competence, other qualifications and for resolving any doubts.

(c) I will request consultation if a patient needs service beyond my expertise.

Physician's Signature/Printed Name

Date

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and: □ Recommend all requested privileges

**D** Recommend privileges with the following conditions/modifications:

Do not recommend the following requested privileges:

Privilege Condition/modification/explanation Notes:

Department Chair/Chief Signature

Date