## FORMERLY

 **DEPARTMENT OF FAMILY PRACTICE**

**NOW MEDICINE & PEDIATRICS**

 REQUEST FOR SPECIFIC PRIVILEGES

 GROUP 4

Clinical privileges for the Department of Family Practice will be assigned by the department. Privileges for members of the Department of Family Practice in other departments will be assigned by the specific department in which the privileges are sought, and initial monitoring will be done by the assigning/approving department.

As of January 1, 1984, all new physicians in the Department of Family Practice are required, as a condition of their appointment, to be Board eligible/admissible. The Department reserves the right to evaluate and examine the credentials of physicians not eligible/admissible, or certified, by their respective board and to accept or reject the application based on evaluation of his/her training and experience. An exception would be those physicians who qualify for staff membership but who do not wish to care for inpatients at Hurley Medical Center. Those physicians may wish to utilize the services of Hurley Medical Center and its satellite facilities for ambulatory services; i.e. radiation therapy, chemotherapy, laboratory, imaging, etc. Those physicians would be eligible for membership in the Section of General Practice. Those physicians shall have no clinical privileges. The quality of the care of their patients shall be monitored by the Quality Assurance Department.

Privileges will be granted based on evaluation of the applicant's training, experience and evidence of current demonstrated current competence to carry out the privileges requested.

Dispute regarding the granting of clinical privileges will be resolved at the departmental level. If the dispute is unresolved at that level, it will be referred to the Executive Committee of the Medical Staff. Failing resolution at that level, the applicant may appeal. (See "Section 3 - Fair Hearing Plan, Professional Staff Bylaws, Policies and Procedures)

**Categories of Assignment**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Please check box** |  |
|  | 1.00 |[ ]  **CATEGORY I** - Initial assignment in Category I will be based on review of previous experience, interview with the applicant if deemed necessary, and records or reports of current competence in specific medical or surgical problems. Applicants would be required to indicate the specific privileges they have received training to perform. Please indicate below the privileges in Category I that you wish to be considered for: |
|  | 1.01 |[ ]  Casts on Non-Displaced Fractures |
|  | 1.02 |[ ]  General Medical Care |
| (5) | 1.07 |[ ]  Strip EKG Interpretation |
| (5) | 5.01 |[ ]  Lumbar Puncture |
| (5) | 5.02 |[ ]  Bone Marrow Aspiration |
| (5) | 5.03 |[ ]  Paracentesis |
| (5) | 5.04 |[ ]  Thoracentesis |
| (5) | 5.05 |[ ]  Skin Biopsy |
| (5) | 5.06 |[ ]  Joint Aspiration and Injection |
| (6) | 1.01 |[ ]  Cauterization Cervix |
| (6) | 1.05 |[ ]  Conization, Cold |
| (6) | 1.06 |[ ]  Dilitation and Curettage |
| (6) | 2.03 |[ ]  Uncomplicated Delivery |
| (6) | 2.05 |[ ]  Low Forceps Delivery |
| (8) | 1.02 |[ ]  Uncomplicated Pediatric Care |
| (8) | 3.01 |[ ]  Newborn Physical Examination |
| (8) | 4.01 |[ ]  Circumcision of Newborn |
| (11) | 8.07 |[ ]  Reduction of Fracture, Closed |
|  |  |[ ]  Others (List):Click here to enter additional privilege in this category.Click here to enter additional privilege in this categoryClick here to enter additional privilege in this category.Click here to enter additional privilege in this category. |
|  |  |  |  |
|  | 2.00 |[ ]  **CATEGORY II** - Physicians applying for Category II privileges would be those who’s training or experience would indicate current competence in more serious medical or surgical cases. Graduation from an approved residency in Family Practice or Board Certification/Recertification in Family Practice would be the base-line criteria for granting of such privileges. Please indicate the Category II privileges you wish to be considered for: |
| (5) | 3.01 |[ ]  Liver Biopsy |
| (6) | 1.08 |[ ]  Excision of Glands (Bartholins, Skenes) |
| (6) | 1.09 |[ ]  Hymenotomy |
| (6) | 1.15 |[ ]  Marsupialization of Bartholin Gland |
| (11) | 1.78 |[ ]  Excision of Lymph Glands |
| (11) | 10.05 |[ ]  Circumcision of Adult |
|  |  |  | Others (List):Click here to enter additional privilege in this category.Click here to enter additional privilege in this categoryClick here to enter additional privilege in this category.Click here to enter additional privilege in this category. |
|  | 3.00 |[ ]  **CATEGORY III** - Privileges in this Category would be granted to those members of the department who have received additional training which enables them to perform more advanced or highly technical procedures, either by specific postgraduate courses or residency training in a specific field of practice. Consideration will also be given to physicians who are able to document that they have experience and current competence which would enable them to perform these procedures. Category III privileges are subject to approval and monitoring by the specific department. Please indicate the Category III privileges you wish to be considered for: |
| (5) | 8.08 |[ ]  Ventilator Care |
| (6) | 2.11 |[ ]  Termination of Pregnancy |
| (11) | 3.01 |[ ]  Adnoidectomy |
| (11) | 3.10 |[ ]  Tonsillectomy |
| (11) | 9.06 |[ ]  Hemorrhoidectomy - internal |
| (11) | 9.07 |[ ]  Hemorrhoidectomy - external |
| (12) | 1.06 |[ ]  Sigmoid, Flexible, Diagnostic |
|  |  |[ ]  Others (List):Click here to enter additional privilege in this category.Click here to enter additional privilege in this categoryClick here to enter additional privilege in this category.Click here to enter additional privilege in this category. |

**ADMISSION TO SPECIAL CARE UNITS**

Members of the Department of Family Practice who are Board Certified may admit to special care units. Consultation is required for complicated cases or for patients who require invasive monitoring. Non-certified family practitioners require consultation on all patients in critical care areas. If you wish additional privileges, please so indicate.

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Signature Date

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**Department:**

Reviewed and recommended, as requested:\_\_\_\_\_

Reviewed and recommended, with exception:\_\_\_\_\_

Reviewed but not recommended:\_\_\_\_\_

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Chairperson Date

**Medical Staff Executive Committee:**

Reviewed and recommended, as requested:\_\_\_\_\_

Reviewed and recommended, with exception:\_\_\_\_\_

Reviewed but not recommended:\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Board of Hospital Managers:**

Reviewed and approved, as requested:\_\_\_\_\_

Reviewed and approved, with exception:\_\_\_\_\_

Reviewed but not approved:\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Note: If privileges are denied, limited, or granted other than as requested, documentation must be provided.