

UNM SRMC

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective Dates: _____ To: _____

All new applicants must meet the following requirements as approved by the SRMC Board of Trustees effective: 10/28/2015

INSTRUCTIONS

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

OTHER REQUIREMENTS

1. Note that privileges granted may only be exercised at UNM Sandoval Regional Medical Center, Inc. that has the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

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Qualifications for General Family Medicine

Initial privileges - *To be eligible to apply for privileges in family medicine, the applicant must meet the following criteria:*

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in family medicine.

AND/OR

Current certification or active participation in the examination process leading to certification in family medicine by the American Board of Family Medicine or family practice and osteopathic manipulative treatment by the American Osteopathic Board of Family Physicians.

AND

Required current experience: Provision of care, reflective of the scope of privileges requested, for an adequate number of 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.

Reappointment (Renewal of Privileges) Requirements - *To be eligible to renew privileges in family medicine, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:*

Current demonstrated competence and an adequate volume of experience 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 ability to perform privileges requested is required of all applicants for renewal of privileges.

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General Family Medicine Core Privileges

Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, with a wide variety of illnesses, diseases, injuries, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, integumentary, nervous, female reproductive, and genitourinary systems. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

Requested

General Family Medicine Core Procedures List

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial.

1. Performance of history and physical exam\
2. Abdominal paracentesis
3. Arthrocentesis and joint injection
4. Breast cyst aspiration
5. Management of burns, superficial and partial thickness
6. Excision of cutaneous and subcutaneous lesions, tumors, and nodules
7. Incision and drainage of abscesses
8. Performance of local anesthetic techniques
9. Management of uncomplicated, minor, closed fractures and uncomplicated dislocations
10. Performance of needle biopsies
11. Performance of simple skin biopsy

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12. Peripheral nerve blocks
13. Placement of anterior and posterior nasal hemostatic packing
14. Removal of a non-penetrating foreign body from the eye, nose, or ear
15. Suturing of uncomplicated lacerations
16. Suprapubic bladder aspiration
17. Assistance at surgery
18. Thoracentesis
19. Lumbar Puncture

Qualifications for Family Medicine Gynecology

Initial privileges: The same as for the family medicine core AND

Required current experience: Demonstrated current competence and evidence of provision of care, reflective of the scope of privileges requested, to an adequate number of gynecologic inpatients in the past 12 months or completion of training in the past 12 months.

Renewal of privileges: Demonstrated current competence and evidence of provision of care to an adequate number of gynecologic inpatients in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

CORE PRIVILEGES: *Family Medicine Gynecology*

Admit, evaluate, diagnose, treat, and provide consultation to post pubescent female patients with injuries and disorders of the female reproductive system and the genitourinary system. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

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Name: _____
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Family Medicine Gynecology Core Procedures List

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial.

1. Performance of history and physical exam
2. Appropriate screening examination (including breast examination)
3. Cervical biopsy and polypectomy
4. Colposcopy
5. Cryosurgery/cautery for benign disease
6. Culdocentesis
7. Endometrial biopsy
8. Excision/biopsy of vulvar lesions
9. Incision and drainage of Bartholin duct cysts or marsupialization
10. Insertion and removal of intrauterine devices
11. Microscopic diagnosis of urine and vaginal smears
12. Removal of foreign bodies from the vagina
13. Suturing of uncomplicated lacerations

Special Non-Core Privileges (See Specific Criteria)

If desired, non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required experience, and maintenance of clinical competence.

Central Lines NON-CORE PRIVILEGES

Requested

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Qualifications for Airway Maintenance Intubations

Qualifications: *To be eligible to apply for Airway maintenance intubation, including flexible bronchoscope-assisted endotracheal intubation and laryngoscopy:*

1. Documentation of at least 5 procedures in the previous 2 years

OR

2. The prospectively observed successful management of 5 airways. This must be done under the supervision of a practitioner currently privileged to perform airway management.

AND

3. Current ACLS

Airway Maintenance Intubations NON-CORE PRIVILEGES

Requested

Airway maintenance intubation:

- a. Airway maintenance intubation, Bag-valve-mask ventilation
- b. Placement of oral/nasal airways
- c. Placement of LMA or other supra-glottic airways
- d. Direct laryngoscopy followed by endotracheal intubation

Ultrasound Guided Procedures NON-CORE PRIVILEGES: (Check here to request, and complete the separate form)

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Acknowledgment of Practitioner

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 UNM Sandoval Regional Medical Center, Inc., 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. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed _____ Date _____

Clinical Service Chief's Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege

1. _____
2. _____
3. _____
4. _____

Condition/Modification/Explanation

Notes:

Print Name

Signature

Date

Clinical Service Chief or Designee Signature