



**DEPARTMENT OF FAMILY MEDICINE
Core Medical Privileges**

Name: _____

Qualifications

For initial appointment and core privileges in the Department of Family Medicine, the applicant must meet the following qualifications:

- Successful completion of an ACGME or AOA-recognized accredited residency in family practice is required for physicians completing medical school in 1995 and thereafter or, if another residency program, will be evaluated according to training and experience on an individual basis.
- Active participation in the examination process leading to certification in family practice or current certification by the American Board of Family Medicine, the American Osteopathic Board of Family Medicine, the American Board of Medical Specialties or Bureau of Osteopathic Specialists is highly recommended.

Privileges included in the Medicine Core

I request core medical privileges I do not request core medical privileges

Privileges to admit, evaluate, diagnose, and provide non-surgical treatment to patients of all ages for basic allergy, arthritis, cardiac, collagen, gastrointestinal, hematological, hepatic, metabolic, endocrine, musculoskeletal, neurologic, pulmonary, renal, vascular diseases, burns not exceeding second degree or 10% of the body surface, and chemotherapy management after initial oncology consultation. Family physicians may provide normal newborn care. Privileges to diagnose and treat general gynecological conditions and disease with due regard to appropriate consultation where prudence and good medical care so require. The core procedures include those listed on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Observation Requirements for Core Medical Privileges

General observation for provisional Members shall consist of retrospective review of a minimum of **six (6) cases** by reviewers assigned by the department Chairman. Any Professional Staff non-Provisional Member holding the privilege(s) may perform concurrent observation or retrospective chart review.

The following four procedures are required as part of the observation process:

- Admit the patient
- Perform the H&P
- Write daily progress notes and sufficient orders to indicate that you are involved in the majority of the decision-making in the care of the patient
- Write Discharge summary

Applicants who have Active, unrestricted Family Practice privileges at another hospital for the last five (5) years may be eligible to have the observation requirements waived for specific privileges if the following items are provided:

- Case list for the last twenty-four (24) months;
- A letter from the Chair of the Family Practice Department which
 - attests to the applicant's medical staff membership, in good standing;
 - confirms the privileges held and appropriateness of privileges requested; and,
 - provides an assessment of the applicant's overall competence.

Name: _____

Special procedures privileges with observation requirements

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the Professional Staff policies governing the exercise of specific privileges.

Requested	Procedure	Criteria
	Paracentesis	Concurrent observation and documentation of the satisfactory performance of two (2) cases required
	Thoracentesis	Concurrent observation and documentation of the satisfactory performance of two (2) cases required
	Pericardiocentesis	Concurrent observation and documentation of the satisfactory performance of two (2) cases required
	Lumbar puncture	Concurrent observation and documentation of the satisfactory performance of two (2) cases required
	Flexible/Rigid Sigmoidoscopy (with or without biopsy)	Concurrent observation and documentation of the satisfactory performance of two (2) cases required
	OMT consultation and treatment	Retrospective review of six (6) cases. Concurrent review may be assigned by Chair.
	Ventilator management	Concurrent observation and documentation of the satisfactory performance of two (2) cases required.
	Male infant circumcision (birth to 2 mns)	Concurrent observation and documentation of the satisfactory performance of two (2) cases required.
	Male circumcision (over 2 mns old)	Concurrent observation and documentation of the satisfactory performance of two (2) cases required.
	Vasectomy	Concurrent observation and documentation of the satisfactory performance of two (2) cases required
	Repair of 3 rd and 4 th degree lacerations	Observation requirements to be determined by the Department Chairman.
	EGD with and without biopsy	If requested, specific privileging guideline and required documents will be forwarded to you.
	Colonoscopy with and without biopsy	If requested, specific privileging guideline and required documents will be forwarded to you.
	Bone Marrow Biopsy	Initial appointment: Concurrent observation and documentation of the satisfactory performance of three (3) cases required. Reappointment: Documentation of the satisfactory performance of three (3) cases required.
	Central venous line placement	Initial appointment: Concurrent observation and documentation of the satisfactory performance of three (3) cases required. Reappointment: Documentation of the satisfactory performance of three (3) cases required.
	Liver Biopsy	Initial appointment: Concurrent observation and documentation of the satisfactory performance of three (3) cases required. Reappointment: Documentation of the satisfactory performance of three (3) cases required.

Name: _____

	Pulmonary function testing & interpretation (own patients)	Documentation of training and experience.
	Swan-Ganz insertion	Initial appointment: Concurrent observation and documentation of the satisfactory performance of three (3) cases required. Reappointment: Documentation of the satisfactory performance of three (3) cases required.
	Treadmill Exercise Testing	Initial appointment: Documentation of 50 cases. Concurrent observation and documentation of the satisfactory performance of first ten (10) cases required. Reappointment: Documentation of the satisfactory performance of ten (10) cases required.
	Moderate Sedation	If requested, specific privileging guideline and required documents will be forwarded to you.
	Conization of cervix: (specify type) a. Cold knife b. LEEP c. Laser	Concurrent observation and documentation of the satisfactory performance of two (2) cases required
	Diagnostic D&C	Concurrent observation and documentation of the satisfactory performance of two (2) cases required
	D&C for spontaneous abortion – first trimester	Concurrent observation and documentation of the satisfactory performance of two (2) cases required
	Electrocautery	Concurrent observation and documentation of the satisfactory performance of two (2) cases required
	Incision and drainage of breast cyst	Concurrent observation and documentation of the satisfactory performance of two (2) cases required
	Laser vaporization	Concurrent observation and documentation of the satisfactory performance of two (2) cases required
	Uterine evacuation procedure – first trimester	Concurrent observation and documentation of the satisfactory performance of two (2) cases required

Comments: _____

Provisional year chart review requirement

All of the extension cases will be retrospectively reviewed, during the quality improvement process, during the first year at 6 and 12month intervals.

If there is not a sufficient level of activity during the provisional period, recommendations for privileges or an extension of provisional status will be at the discretion of the Department Chairman and/or the Department of Family Medicine Executive Committee.

Name: _____

Core Procedure List

Note: *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.*

Medical Core Procedure List

- Arterial blood gases
- Arthrocentesis
- Colposcopy with biopsy
- External thrombotic hemorrhoid/hemorrhoidectomy
- Excision and/or simple skin biopsy of uncomplicated superficial lesions (i.e., warts, sebaceous cysts, nevi, ingrown toenails, etc.)
- Incision & drainage of abscess
- IV
- Insertion of NG tubes
- Proctoscopy
- Reduction and management of uncomplicated minor closed fractures and uncomplicated dislocations
- Removal of non-penetrating corneal foreign body
- Repair of simple lacerations
- Foley catheter insertion/removal
- OMT on own patients (DOs only)

Gynecologic Core Procedure List

- Bartholin cysts
- Cervical biopsy
- Contraceptive methods
- Dysfunctional uterine bleeding
- Incision and drainage of breast abscess
- Incision and drainage of perineal abscess
- Hormone replacement therapy
- Mastitis
- Pelvic inflammatory disease
- Sexually transmitted diseases

Name: _____

Acknowledgement of practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at **McLaren Greater Lansing**, and

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by Hospital and Professional 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 a situation my actions are governed by the applicable section of the Professional Staff Bylaws or related documents.

In the case of an emergency, as defined, any Practitioner, to the degree permitted by his license and regardless of the Practitioner's Department or Section, Professional Staff status, or Privileges, shall be permitted to do, and shall be assisted by Hospital personnel in doing, everything possible to save the life of a patient or to save a patient from serious harm.

Signed: _____ Date: _____

Department Report

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and:

- () Recommend privileges as noted above
- () Recommend with modifications as noted below:

Modifications: _____

- () Do not recommend

Signed: _____ Date: _____
Chairman, Department of Family Medicine

Signed: _____ Date: _____
Co-Chief of Professional Staff (for interim privileges only)

Action:

Credentials Committee Date: _____

Executive Committee Date: _____

Board of Trustees Date: _____

Comments/Modifications Recommended: _____

Name: _____

Qualifications

To be eligible for obstetrical core privileges in the Department of Family Medicine, the applicant must meet the following qualifications:

- Successful completion of an ACGME or AOA-recognized accredited residency in family practice is required for physicians completing medical school in 1995 and thereafter;
- and/or**
- Can provide documentation that shows experience which attests to current competence;
- and**
- Must have or apply for Department of Family Medicine core medical privileges;
- and**
- Provide documentation of at least 40 deliveries performed during the past three years.

- Active participation in the examination process leading to certification in family practice or current certification by the American Board of Family Medicine or the American Osteopathic Board of Family Physicians is highly recommended.

Privileges included in the Obstetric Core

I request core obstetric privileges I do not request core obstetric privileges

Privileges to admit and manage female patients with low-risk term pregnancy, labor and delivery, and postpartum conditions. Other procedures related to normal delivery including medical diseases that are complicating factors in pregnancy, except for those special procedure privileges listed below. High-Risk pregnancy, labor and delivery, and postpartum patients are to be co-managed with the appropriate specialist. The core procedures include those listed on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Observation Requirements for Core Obstetric Privileges

Concurrent observation and documentation of the satisfactory performance of **two (2)** cases of uncomplicated labor, delivery, and postpartum care. Any Professional Staff non-Provisional Member holding the privilege(s) may perform concurrent observation or retrospective chart review.

Applicants who have Active, unrestricted obstetric privileges at another hospital for the last five (5) years, may be eligible to have the observation requirements waived for specific privileges if the following items are provided:

- OB case list for the last twenty-four (24) months;
- A letter from the chairman of the Family Practice or OB/GYN Department which
 - attests to the applicant's medical staff membership, in good standing;
 - confirms the privileges held and appropriateness of privileges requested; **and**,
 - provides an assessment of the applicant's overall competence.

If waived, the first six (6) cases will be retrospectively reviewed and monitoring will be completed through the Hospital's quality improvement process.

The Department's chairman, Credentials Committee, Professional Staff Executive Committee, and/or Board of Trustees reserves the right to customize the observation process at any step of the privileging process.

Name: _____

Any Professional Staff non-provisional Member holding the privilege(s) or Members of the Departments of Family Medicine or Obstetrics & Gynecology Quality Review Committees may do retrospective chart review.

Applicants will be required to have concurrent observation of the first two (2) cases of uncomplicated labor, delivery and postpartum care, with no exceptions.

Special procedures privileges

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience, provide case logs for the last 24 months, and provide documentation of competence in performing that procedure consistent with the criteria set forth in the Professional Staff policies governing the exercise of specific privileges.

Requested	Procedure	Criteria
	Amnio-Infusion	Documented physician-to-physician communication with monitor prior to the procedure, discussing rationale and indications/contraindications for procedure for the first two (2) cases is required. Monitor will retrospectively review these first of two (2) cases.
	Intrauterine pressure catheter	Documented physician-to-physician communication with monitor prior to the procedure, discussing rationale and indications/contraindications for procedure for the first two (2) cases is required. Monitor will retrospectively review these first two (2) cases.
	Management of dysfunctional labor	Documented physician-to-physician communication with monitor prior to the procedure, discussing rationale and indications/contraindications for procedure for the first two (2) cases is required. Monitor will retrospectively review these first two (2) cases.
	Fetal demise – after first trimester	Consultation and/or co-management required. Documented physician-to-physician communication with monitor prior to the procedure, discussing rationale and indications/contraindications for procedure for the first two (2) cases is required. Monitor will retrospectively review these first two (2) cases.
	Induction and/or augmentation of labor	Documented physician-to-physician communication with monitor prior to the procedure, discussing rationale and indications/contraindications for procedure for the first two (2) cases is required. Monitor will retrospectively review these first two (2) cases.

Name: _____

	Manual removal of placenta	<p>Consultation is required. Concurrent observation of two (2) cases is recommended. Documented physician-to-physician communication with monitor prior to the procedure, discussing rationale and indications/contraindications for procedure for the first two (2) cases is required. Monitor will retrospectively review the first two (2) cases if concurrent observation is not feasible.</p>
	Outlet forceps-assisted delivery (+3 station)	<p>Concurrent observation is recommended for first two (2) cases. Documented physician-to-physician communication with monitor prior to the procedure, discussing rationale and indications/contraindications for procedure for the first two (2) cases is required. Monitor will retrospectively review the first two (2) cases if concurrent observation is not feasible.</p>
	Management of premature rupture of fetal membranes after 36-week gestation.	<p>Consultation is recommended. Documented physician-to-physician communication with monitor prior to the procedure, discussing rationale and indications/contraindications for procedure for the first two (2) cases is required. Monitor will retrospectively review these first two (2) cases.</p>
	Management of pre-eclampsia - mild	<p>Documented physician-to-physician communication with monitor prior to the procedure, discussing rationale and indications/contraindications for procedure for the first two (2) cases is required. Monitor will retrospectively review these first two (2) cases.</p>
	Postpartum hemorrhage	<p>Concurrent observation recommended for first two (2) cases. Documented physician-to-physician communication with monitor prior to the procedure, discussing rationale and indications/contraindications for procedure for the first two (2) cases is required. Monitor will retrospectively review these first two (2) cases if concurrent observation is not feasible.</p>
	Repair of cervical and/or vaginal laceration (other than superficial)	<p>Consultation strongly recommended. Concurrent observation recommended for first two (2) cases. Documented physician-to-physician communication with monitor prior to the procedure, discussing rationale and indications/contraindications for procedure for the first two (2) cases is required. Monitor will retrospectively review these first two (2) cases if concurrent observation is not feasible.</p>

Name: _____

	Repair of third-degree episiotomy	Concurrent observation is recommended for first two (2) cases. Documented physician-to-physician communication with monitor prior to the procedure, discussing rationale and indications/contraindications for procedure for the first two (2) cases is required. Monitor will retrospectively review these first two (2) cases if concurrent observation is not feasible.
	Repair of fourth-degree episiotomy	Consultation required. Concurrent observation recommended for first two (2) cases. Documented physician-to-physician communication with monitor prior to the procedure, discussing rationale and indications/contraindications for procedure for the first two (2) cases is required. Monitor will retrospectively review these first two (2) cases if concurrent observation is not feasible.
	Vacuum extraction	Consultation strongly recommended. Documented physician-to-physician communication with monitor prior to the procedure, discussing rationale and indications/contraindications for procedure for the first two (2) cases is required. Monitor will retrospectively review these first two (2) cases.
	Antepartum hemorrhage	Consultation required by a privileged obstetrician. Concurrent observation of first two (2) cases.
	Malpresentation	Consultation required by a privileged obstetrician. Concurrent observation of first two (2) cases.
	Multiple-gestation delivery	Consultation required by a privileged obstetrician. Concurrent observation of first two (2) cases.
	Vaginal birth after Caesarean	Consultation required by a privileged obstetrician. Concurrent observation of first two (2) cases.

Provisional year chart review requirement

All of the following cases will be retrospectively reviewed during the quality improvement process, during the first year at 6 and 12-month intervals:

Fetal demise – after first trimester, inhibition of labor, management of threatened abortion, management of dysfunctional labor, management of pre-eclampsia, postpartum hemorrhage, repair of 3rd and 4th degree episiotomy, repair of vaginal laceration, manual removal of placenta, outlet forceps-assisted delivery, para-cervical block, premature rupture of fetal membranes after 34-week gestation, postpartum curettage and vacuum extraction.

If there is not a sufficient level of activity during the provisional period, recommendations for privileges or an extension of provisional status will be at the discretion of the Department Chairman and/or the Department of Family Practice Executive Committee.

Name: _____

Core Obstetrics Procedure List

Note: *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.*

- Amniotomy
- Application of internal scalp leads
- Bartholin cysts
- Cervical biopsy
- Repair of 1st and 2nd degree episiotomy
- Non-Stress testing
- Perineal block
- Pudendal block
- Repair of superficial vaginal lacerations
- Management of labor
- Vaginal deliveries

Name: _____

Acknowledgement of practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at **McLaren Greater Lansing**,

In the case of an emergency, as defined, any Practitioner, to the degree permitted by his license and regardless of the Practitioner's Department or Section, Professional Staff status, or Privileges, shall be permitted to do, and shall be assisted by Hospital personnel in doing, everything possible to save the life of a patient or to save a patient from serious harm.

Signed: _____ Date: _____

Department Report

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and:

- () Recommend privileges as noted above
- () Recommend with modifications as noted below:

Modifications: _____

- () Do not recommend

Signed: _____ Date: _____
Chairman, Department of Family Medicine

Signed: _____ Date: _____
Co-Chief of Staff (for interim privileges only)

Action:

Credentials Committee Date: _____

Executive Committee Date: _____

Board of Trustees Date: _____

Comments/Modifications recommended: _____

Department of Family Medicine, 1/26/05; 9/12/07; 9/21/10
Credentials Committee, 2/10/05; 10/11/07; 10/14/10
Professional Staff Executive Committee, 2/28/05, 10/22/07; 10/25/10