

BAYLOR SCOTT & WHITE TEXAS SPINE & JOINT HOSPITAL
FAMILY PRACTICE CLINICAL PRIVILEGES

Initial appointment
Reappointment

All new applicants must meet the following requirements as approved by the governing body.

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

QUALIFICATIONS FOR FAMILY MEDICINE

To be eligible to apply for core privileges in family medicine, the initial 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.

Required previous experience: Applicants for initial appointment must be able to demonstrate provision of care, reflective of the scope of privileges requested, for at least 24 inpatients as the attending physician during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in family medicine, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience 24 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 ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES

FAMILY MEDICINE CORE PRIVILEGES

Requested: Admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult patients with illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, and genitourinary systems. [May provide care to patients in the intensive care setting in conformance with unit policies.] 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 procedure list and such other procedures that are extensions of the same techniques and skills.

REFER AND FOLLOW PRIVILEGES

Criteria: Education and training as for family medicine core privileges.

- Requested:** Perform outpatient preadmission and history and physical, order noninvasive outpatient diagnostic tests and services, visit patient in hospital, review medical records, consult with attending physician, and observe diagnostic or surgical procedures with the approval of the attending physician or surgeon.

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 that you do not wish to request, initial, and date.

General

1. Arthrocentesis and joint injection
2. Burns, superficial and partial thickness
3. I & D abscess
4. Local anesthetic techniques
5. Manage uncomplicated minor closed fractures and uncomplicated dislocations
6. Perform history and physical exam
7. Perform simple skin biopsy or excision
8. Peripheral nerve blocks
9. Placement of anterior and posterior nasal hemostatic packing
10. Remove nonpenetrating foreign body from the eye, nose, or ear
11. Suture uncomplicated lacerations

Pediatrics

1. I & D abscess
2. Manage uncomplicated minor closed fractures and uncomplicated dislocations
3. Perform history and physical exam
4. Perform simple skin biopsy or excision
5. Remove nonpenetrating corneal foreign body
6. Suture uncomplicated lacerations

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 Baylor Scott & White Texas Spine & Joint Hospital.

Signature: _____ Date: _____