



**Family Medicine KHHM**  
Delineation of Privileges

**Applicant's Name:**

**Instructions:**

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation.
5. 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 doubts related to qualification of requested privileges.

**Note:**

Privileges granted may only be exercised at the site(s) and setting(s) that have 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.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**Required Qualifications**

<b>Education/Training</b>	Must have successfully completed an ACGME/AOA-accredited residency in Family Medicine.
<b>Certification</b>	The applicant physician must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.
<b>Clinical Experience (Initial)</b>	The successful applicant for initial appointment must provide documentation of provision of care, reflective of the scope of privileges requested, for or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship or research in a clinical setting within the past 12 months.
<b>Clinical Experience (Reappointment)</b>	To be eligible to renew core privileges in Family Medicine, Pediatric and Neonatology Privileges the applicant must demonstrate competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

## Primary Privileges Family Medicine

**Description:** Core Privileges include admit, evaluate, diagnose, treat, and provide consultation patients with illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, and genitourinary systems. Assess, stabilize, and determine disposition of patients with emergent conditions. 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.

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	<b>Family Medicine</b>	
	Admit and manage patients in non-critical care and unmonitored settings	
	Admit and manage patients in ICU and other monitored settings	
	Arthrocentesis and joint injection	
	Burns, superficial and partial thickness	
	Consultation privileges in Family Medicine	
	I & D abscess	
	Local anesthetic techniques	
	Manage uncomplicated minor closed fractures and uncomplicated dislocations	
	Perform History and Physical Examinations	
	Perform simple skin biopsy or excision	
	Peripheral nerve blocks	
	Placement of anterior and posterior nasal hemostatic packing	
	Remove nonpenetrating foreign body from the eye, nose, or ear	
	Suture uncomplicated lacerations	
	<b>Pediatrics</b> (Core Privileges include admit, evaluate, diagnose, treat, and provide consultation of pediatric patients with acute and chronic illnesses. The core privileges in this specialty include the procedures on the list below and such other procedures that are extensions of the same techniques and skills.)	
	Admit and manage patients in ICU and other monitored settings	
	Admit and manage patients in non-critical care and unmonitored settings	
	Consultation privileges in Family Medicine/Pediatrics	
	Perform History and Physical Examinations	
	<b>Neonatal Care</b> (Includes provision of care of normal newborn in regular nursery.)	
	Attendance at deliveries	
	Care of stable neonate in the regular nursery	
	Circumcision	
	Discharge examination	
	Frenulotomy (Tongue Clipping)	
	Initial assessment of newborn	

## Obstetrics and Gynecological Care

### Qualifications

#### Membership

Final approval for such privileges will be determined by the Obstetrics and Gynecology Department.

- Education/Training** Privileges shall be based on training, experience, and demonstrated ability equivalent to that required for membership in the American Board of Family Practice.
- Clinical Experience (Initial)** Demonstrated current competence and evidence of the performance of at least 12 deliveries in the past 12 months.
- Clinical Experience (Reappointment)** Obstetrical - Demonstrated current competence and evidence of the performance of at least 24 deliveries in the past 24 months based on ongoing professional practice evaluation and outcomes.  
**AND**  
 Gynecological - Maintenance of Gynecological privileges requires documentation of current competence and an adequate volume of experience (24 inpatients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months.
- Additional Qualifications** Family physicians requesting Obstetrical privileges should request and identify one or more obstetrician(s) on Active staff who agree to provide consultation. Family physicians will be monitored according to standards currently established for members of the department of Obstetrics-Gynecology. It will be the responsibility of Medicine Department to evaluate its members according to these standards and alter or rescind privileges accordingly.

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request</i></p>	Dept Chair Rec
	<b>Obstetrical Care</b>	
	Admit and manage patients in ICU and other monitored settings with consultation	
	Admit and manage patients in non-critical care and unmonitored settings	
	Amniofusion	
	Amniotomy	
	Application of internal fetal and uterine monitors	
	Assist at C-Section	
	Augmentation and induction of labor - with consultation	
	Consultation privileges in Obstetrics	
	Interpretation of fetal monitoring	
	Management of patients with/without medical surgical or obstetrical complications for normal labor, including mild toxemia, threatened abortion, normal puerperal patient, normal antepartum and postpartum care, postpartum complications, fetal demise. Includes pregnancy at no less than 36 weeks gestational age and not more than 42 weeks completed gestation.	
	Normal spontaneous vaginal delivery.	
	Order for administration of installation of newborn Erythromycin ophthalmic	
	Order for administration of Vitamin K 1mg (0.5ml) IM before 1 hours of age	
	Perform History and Physical Examinations	
	Repair of first and second degree perineal lacerations and other associated lacerations	
	Repair of third and fourth degree perineal lacerations with consultation	
	<b>Gynecological Care</b>	
	Admit and manage patients in non-critical care and unmonitored settings	
	Admit and manage patients in ICU and other monitored settings	
	Consultation privileges in Gynecology	
	Gynecologic treatment - shall be based on medical therapy only.	
	Perform History and Physical Examinations	

## Operative Vaginal Delivery

**Description:** Includes vacuum extraction, low or mid forceps

### Qualifications

**Education/Training** Documentation of current competence and training.

**Clinical Experience (Reappointment)** Documentation of current competence and training.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Operative Vaginal Delivery	

## Special Privileges Family Medicine

**Description:** The below special privileges are not routinely part of the post-graduate training program. Additional proof of training and/or experience may be necessary to request the privilege and is noted within the privilege block. If documentation is required, please submit all required elements with your application/reapplication.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Special Privileges Family Medicine	

## Fluoroscopy

**Description:** All practitioners requesting fluoroscopically-guided procedures at this hospital are required to take a competency assessment examination prior to being granted these privileges. Practitioners may submit documentation of competency from another hospital for consideration by the Radiology Department Chair. Please contact the Medical Staff Office.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Fluoroscopy	

## Mild/Moderate Sedation

**Description:** Moderate Sedation (Requires written examination - please contact Medical Staff Office) Current ACLS certification is also required.

<b>Request</b>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	<b>Dept Chair Rec</b>
	Mild/Moderate Sedation	

**Acknowledgment of Applicant**

I hereby request the clinical privileges as indicated. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in performance of the privileges I have requested, and in treating associated diseases with adequate consultation when indicated.

I recognize that in emergency situations where immediate life-saving action is necessary, any member of the medical staff is authorized to perform such life-saving treatment as may be required.

I further understand that any and all privileges granted me shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Credentials and Executive Committees of the medical staff and the Board of Trustees of the hospital reserve the right to grant or limit my privileges in accord with my continuing performance in rendering patient care.

\_\_\_\_\_  
Practitioner's Signature \_\_\_\_\_  
Date

**Department Chair Recommendation - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Additional Comments

\_\_\_\_\_  
Signature of Department Chair/Designee

\_\_\_\_\_  
Date