

INSTRUCTIONS

1. Complete the attached DOP
2. Use the current privilege roster we have provided in your packet to cross-reference privileges if needed
3. Identify the privileges you need then check each facility box where the privilege will be practiced (see IMAGE #1)
4. If you currently hold a privilege requiring maintenance criteria (see IMAGE #2 as an example) you must submit the required documentation to keep the privilege. Maintenance criteria is highlighted throughout the DOP for you. **No Maintenance – No Privilege**
5. If you are requesting a privilege you do not already hold (check your privilege roster),
 - You must meet the initial criteria detailed on the DOP
 - Privileges for which you have not selected or do not meet the minimum criteria cannot be performed.
 - If you wish to perform privileges and do not have the minimum required criteria or documentation as outlined on the delineation of privileges form, you will need to request permission to proctor through Medical Staff Services.
6. Return all pages of the DOP by email or fax (jpeg images not accepted)

IMAGE #1

You need privilege CALL-1 at Pineville, Cabarrus and Stanly so this is how your request should look

Please check appropriate blocks when applying for privileges:

| CMC | PVL | UNV | CR | LIN | CAB | UNN | STN | ANS | CLV | | ALLERGY AND IMMUNOLOGY CORE PRIVILEGES |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|--|
| | X | | N/A | | X | | X | | N/A | CALL-1 | Privileges to evaluate, diagnose, and manage patients of all ages presenting with conditions or disorders involving the immune system, both acquired and congenital. |
| <p>NOTE: Privileges include but are not limited to: asthma, anaphylaxis, rhinitis, eczema, urticaria, and adverse reactions to drugs, foods, and insect stings as well as immune deficiency diseases (both acquired and congenital), defects in host defense, and problems related to autoimmune disease, organ transplantation or malignancies of the immune system. Privileges also include allergy testing and desensitization.</p> <p>These core privileges do not include any of the special procedures listed below.</p> | | | | | | | | | | | |

IMAGE #2

Maintenance Criteria for Continued Privileges (CHEM-1):

The Physician must perform a minimum of ten (10) representative samples of Adult Hematology Core procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Adult Hematology Core privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any Adult Hematology Core privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

ATRIUM HEALTH
REAPPOINTMENT DOP
SPECIALTY OF FAMILY MEDICINE

PRINT YOUR NAME: _____

| | | | | |
|--|------------|--|------------|--|
| | YES | | NO* | I have participated in direct patient care in the hospital setting and/or outpatient practice setting within the past two (2) years. |
|--|------------|--|------------|--|

*If the answer is "No", please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.

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

- If the applicant is not currently certified in Family Medicine by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
 1. Provide documentation of successful completion of an ACGME or AOA accredited Family Medicine training program, within the past five (5) years; **AND**
 2. Documentation of the provision of inpatient care for at least twenty-four (24) patient encounters as the attending physician during the past two (2) years; **OR**
 2. Verification from the residency training program director that the Applicant successfully completed the program. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

- If the applicant is currently certified in Family Medicine by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
 1. Provide documentation of specialty certification in Family Medicine from the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA); **AND**
 2. Provide documentation of the successful completion of a residency program in Family Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in the full spectrum of Family Medicine; **OR**
 2. Documentation of the provision of inpatient care for at least twenty-four (24) patient encounters as the attending physician during the past two (2) years; **OR**
 2. Provide documentation from the Applicant's outpatient practice setting to include six (6) cases of each of the following: Cardiac, Endocrine and Respiratory in lieu of hospital data. These must be cases that you have managed in the most recent two (2) years; **AND**
 3. Submission of a Peer Review Evaluation Form completed by one of the Applicant's peers that refers patients to Appointee.

NOTE 1: Physicians must apply for “CORE” privileges in order to be eligible for clinical privileges in the specialty of Family Medicine at any facility within Atrium Health.

NOTE 2: “CORE” privileges cannot be amended or altered in any way.

NOTE 3: Members of the Specialty of Family Medicine may provide routine prenatal care in hospital associated clinics and may admit patients for the diagnosis and management of pelvic pain and/or pelvic infections. **Applicants who have had sufficient training in obstetrics may wish to request additional privileges. Please contact the Medical Staff Office for further information.**

Please check appropriate blocks when applying for privileges:

| CMC | PLV | UNV | CR | LIN | CAB | UNN | STN | ANS | CLE | | GENERAL FAMILY MEDICINE – STANDARD CORE PRIVILEGES <i>Privileges included in GENERAL FAMILY MEDICINE – COMPLEX CORE PRIVILEGES (CFAM-2)</i> |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|---|
| | | | N/A | | | | | | | CFAM-1 | Standard Core General Family Medicine privileges. |

Non-critical care of adult patients for common medical conditions serving in a consulting role or as the attending physician. These privileges include medical consultation as requested by other physicians, interpretation of routine laboratory and radiographic studies, electrocardiograms, and dictation and record keeping as required by the institution and other regulatory bodies.

NOTE: Core privileges in CFAM-1 do not extend to the provision of care in the intensive care or critical care settings. A critical care consult is required with the escalation of care.

| CMC | PLV | UNV | CR | LIN | CAB | UNN | STN | ANS | CLE | | CORE FAMILY MEDICINE PRIVILEGES – REHABILITATION HOSPITAL SETTING <u>ONLY</u> |
|-----|-----|-----|----|-----|-----|-----|-----|-----|-----|--------|--|
| N/A | N/A | N/A | | N/A | N/A | N/A | N/A | N/A | N/A | CFAM-8 | Privileges include evaluation and management, as well as procedures approved for performance within the acute rehabilitation setting, in conjunction with the comprehensive rehabilitation treatment plan. |

Print Name _____

CFAM-2 COMPLEX GENERAL ADULT FAMILY MEDICINE – CORE PRIVILEGES

The applicant must meet the following:

1. Submit documentation of thirty (30) inpatient patient encounters during the past two (2) years to include some portion in critical care. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

| CMC | PLV | UNV | CR | LIN | CAB | UNN | STN | ANS | CLE | | GENERAL ADULT FAMILY MEDICINE - COMPLEX CORE PRIVILEGES |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|--|
| | | | N/A | | | | | | | CFAM-2 | General Family Medicine Complex Core privileges. |

Privileges to evaluate; diagnose, treat and provide consultation to adult patients. Privileges include but are not limited to; arthrocentesis and joint injection; burns, superficial and partial thickness; treatment of decubitus ulcers; debridement of wounds; chronic ventilatory management; I & D abscess; local anesthetic techniques; manage uncomplicated minor closed fractures and uncomplicated dislocations; perform history and physical exam; perform simple skin biopsy or excision; digital or peripheral nerve blocks; placement of anterior nasal hemostatic packing; remove nonpenetrating foreign body from the eye, nose or ear; laceration repair; lumbar puncture; EKG interpretation; anoscopy; nasogastric tube placement; thrombosed hemorrhoid evacuations; cerumen removal; fluorescein staining of eye; bursa injection; catheterization of the bladder; splint minor fractures of the arm or leg.

NOTE: Core Privileges in CFAM-2 extend the provision of care to the intensive care or critical care settings.

*** SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

| CMC | PLV | UNV | CR | LIN | CAB | UNN | STN | ANS | CLE | GENERAL ADULT FAMILY MEDICINE - COMPLEX CORE SPECIAL PRIVILEGES <i>Must apply for and maintain General Pediatrics Standard Core Privileges (CFAM-2)</i> | | Minimum Number Required | Number Performed Within The Past 2 Years | Location |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|---|-------------------------|--|----------|
| | | | N/A | | | | | | | CFAM-2(a)* | Thoracentesis | 5 | | |
| | | | N/A | | | | | | | CFAM-2(b)* | Abdominal Paracentesis | 5 | | |
| | | | N/A | | | | | | | CFAM-2(c)* | Flexible Sigmoidoscopy without Biopsy | 15 | | |
| | | | N/A | | | | | | | CFAM-2(d)* | Flexible Sigmoidoscopy with Biopsy | 15/5 | | |
| | | | N/A | | | | | | | CFAM-2(e)* | Cardiac Stress Testing (Exercise) | 5 | | |
| | | | N/A | | | | | | | CFAM-2(f)* | Cardiac Stress Testing (Drug Induced) | 5 | | |
| | | | N/A | | | | | | | CFAM-2(g)* | Bone Marrow Aspiration and Biopsy | 5 | | |
| | | | N/A | | | | | | | CFAM-2(h)* | Central Vein Catheter Insertion | 10 | | |
| | | | N/A | | | | | | | CFAM-2(i)* | Percutaneous Arterial Line Placement | 5 | | |
| | | | N/A | | | | | | | CFAM-2(j)* | Placement of posterior nasal hemostatic packing | 5 | | |
| | | | N/A | | | | | | | CFAM-2(k)* | Chest tube placement | 5 | | |
| | | | N/A | | | | | | | CFAM-2(l)* | Nasopharyngoscopy | 5 | | |

Maintenance Criteria for Continued Privileges – Special Privileges (CFAM-2):

The Physician must submit a minimum of two (2) procedures for each special privilege held, over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Print Name _____

| CMC | PLV | UNV | CR | LIN | CAB | UNN | STN | ANS | CLE | | OUTPATIENT ONLY – FAMILY MEDICINE STANDARD CORE PRIVILEGES |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|---|
| | N/A | N/A | N/A | | | | | | | CFAM-3 | Privileges include but are not limited to providing medical services and participation in teaching activities involving the care of outpatients in the Department of Family Medicine, and the hospital clinics that are on a hospital license, when their participation is requested by the respective Chief or designee of the Department. These privileges shall - include management of clinical problems which fall within the purview of Family Medicine, including routine prenatal care. |

Maintenance Criteria for Continued Privileges (CFAM-3)

1. Provide documentation from the Physicians outpatient practice setting to include a minimum of six (6) cases of each of the following: Cardiac, Endocrine and Respiratory. These must be cases that you have managed in the most recent two (2) years; **AND**
2. Submission of a Peer Review Evaluation Form completed by one of the Applicant's peers that refers patients to Appointee.

| CMC | PLV | UNV | CR | LIN | CAB | UNN | STN | ANS | CLE | | GENERAL PEDIATRIC FAMILY MEDICINE TERM NEWBORN NURSERY PRIVILEGES <i>Included in GENERAL PEDIATRIC FAMILY MEDICINE COMPLEX CORE PRIVILEGES (CFAM-6)</i> |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|---|
| | | | N/A | | | | | N/A | | CFAM-4 | Privileges to provide medical services and participate in the care of newborns in the term newborn nursery. These privileges shall include evaluation and management of clinical problems which fall within the purview of Pediatrics. |

Print Name _____

| CMC | PLV | UNV | CR | LIN | CAB | UNN | STN | ANS | CLE | | GENERAL PEDIATRIC FAMILY MEDICINE - STANDARD CORE PRIVILEGES <i>Privileges included in GENERAL PEDIATRIC FAMILY MEDICINE COMPLEX CORE PRIVILEGES (CFAM-6)</i> |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|---|
| | | | N/A | | | | | | | CFAM-5 | Standard Core Pediatric General Family Medicine privileges. |

Non-critical care of pediatric patients for common medical conditions serving in a consulting role or as the attending physician. These privileges include medical consultation as requested by other physicians, interpretation of routine laboratory and radiographic studies, electrocardiograms, and dictation and record keeping as required by the institution and other regulatory bodies. Privileges are not limited to, I&D of abscess, manage uncomplicated minor closed fractures and uncomplicated dislocations, perform history and physical exam, perform simple skin biopsy or excision, remove non-penetrating corneal foreign body and laceration repair; lumbar spinal tap and attendance at cesarean sections on full term deliveries.

Privileges also include but are not limited to participation in teaching activities involving the care of outpatients in the Department of Family Medicine, and the hospital clinics that are on a hospital license, when their participation is requested by the respective Chief or designee of the Department.

NOTE: Core privileges in CFAM-5 do not extend to the provision of care in the intensive care or critical care settings. A critical care consult is required with the escalation of care.

Print Name _____

CFAM-6 COMPLEX GENERAL PEDIATRIC FAMILY MEDICINE – CORE PRIVILEGES

The applicant must meet the following:

1. Submit documentation of thirty (30) inpatient patient encounters during the past two (2) years to include some portion in critical care. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

| CMC | PLV | UNV | CR | LIN | CAB | UNN | STN | ANS | CLE | | GENERAL PEDIATRIC FAMILY MEDICINE - COMPLEX CORE PRIVILEGES |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|--|
| | | | N/A | | | | | | | CFAM-6 | General Pediatric Family Medicine Complex Core privileges. |

Privileges to evaluate, diagnose and treat pediatric patients up to the age of 18 with common illnesses, injuries or disorders. This includes the care of the normal newborn as well as the uncomplicated premature infant equal to or greater than thirty-five (35) weeks gestation. Privileges include but are not limited to, I&D abscess, manage uncomplicated minor closed fractures and uncomplicated dislocations, perform history and physical exam, perform simple skin biopsy or excision, remove non-penetrating corneal foreign body and laceration repair; lumbar spinal tap and EKG interpretation; attendance at cesarean sections on full term deliveries.

NOTE: Core Privileges in CFAM-6 extend the provision of care to the intensive care, critical care settings, and term newborn nursery.

| CMC | PLV | UNV | CR | LIN | CAB | UNN | STN | ANS | CLE | GENERAL PEDIATRIC FAMILY MEDICINE - COMPLEX CORE PRIVILEGES <i>Must apply for and maintain General Pediatrics Standard Core Privileges (CFAM-6)</i> | Minimum Number Required | Number Performed Within The Past 2 Years | Location |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|-------------------------------------|--|----------|
| | | | N/A | | | | | | | CFAM-6(a)* | Arterial Puncture | 5 | |
| | | | N/A | | | | | | | CFAM-6(b)* | Circumcisions | 5 | |
| | | | N/A | | | | | | | CFAM-6(c)* | Umbilical Artery Catheter Placement | 5 | |
| | | | N/A | | | | | | | CFAM-6(d)* | Umbilical Vein Catheter Placement | 5 | |
| | | | N/A | | | | | | | CFAM-6(e)* | Chest Tube Insertion | 5 | |
| | | | N/A | | | | | | | CFAM-6(f)* | Frenotomy | 5 | |

Maintenance Criteria for Continued Privileges – Special Privileges (CFAM-6):

The Physician must submit a minimum of two (2) procedures for each special privilege held, over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

To be eligible for Emergency Medicine Core Privileges, the applicant must have privileges in Emergency Medicine at an Atrium Health facility prior to December 31, 2018.

| CMC | PLV | UNV | CR | LIN | CAB | UNN | STN | ANS | CLE | | EMERGENCY MEDICINE CORE PRIVILEGES |
|-------|-------|-------|-----|-------|-------|-------|-----|-----|-------|--------|---|
| N/A** | N/A** | N/A** | N/A | N/A** | N/A** | N/A** | | | N/A** | CFAM-7 | <p>Privileges to assess, evaluate, diagnose and provide initial treatment to patients of all age groups, except as specifically excluded from practice, who present in the Emergency Department with any symptom, illness, injury or condition; to provide services necessary to ameliorate minor illnesses or injuries and stabilize patients with major illnesses or injuries; and to assess all patients to determine whether additional care is necessary.</p> <p>PLEASE NOTE - privileges do not include long-term care of patients on an inpatient basis, or admitting or performing scheduled elective procedures with the exception of procedures performed during routine Emergency Department follow-up visits.</p> |

NOTE: Privileges include but are not limited to abscess incision and drainage, including Bartholin's cyst; Administration of thrombolytic therapy for myocardial infarction, pulmonary embolism, and/or stroke; Anoscopy; Application of splints and plaster fiberglass or similar molds; Arterial puncture and cannulations; Arthrocentesis and joint injection; Regional anesthesia defined as peripheral nerve, field and Bier blocks using local anesthetics for the purpose of providing anesthesia to perform invasive procedures or manage acute pain; Bladder decompression and catheterization techniques; Blood component transfusion therapy; Burn management, including escharotomy; Cannulation, artery and vein; Cardiac pacing, including, but not limited to, external, transthoracic and tranvenous; Cardiac massage, open or closed; Cardioversion (synchronized counter shock); Central venous access (femoral, jugular, peripheral, internal jugular, subclavian, and cutdowns); Cricothyrotomy; Defibrillation (internal or external); Delivery of newborn, emergency; Dislocation/fracture reduction/immobilization techniques; Electrocardiography interpretation; Endotracheal intubation techniques; GI decontamination (emesis, lavage, charcoal); Hernia reduction; Immobilization techniques; Irrigation and management of caustic exposures; Insertion of emergency transvenous pacemaker; Intracardiac injection; Intraosseous infusion; Laryngoscopy, direct and indirect; Lumbar puncture; Management of epistaxis; Nail trephine techniques; Nasal cautery/packing; Nasogastric/orogastric intubation; Ocular tonometry; Oxygen therapy; Paracentesis; Pericardiocentesis, emergency only; Peripheral venous cutdown; Peritoneal lavage or tap; Preliminary interpretation of plain films; Removal of foreign bodies from soft tissues airway, including nose, eye, ear, rectum and vagina; soft instrumentation/ irrigation, skin, or subcutaneous tissue; Removal of IUD; Repair of lacerations; Resuscitation, all ages; Slit lamp used for ocular exam, removal of corneal foreign body; Splint or cast application after reduction of fracture or dislocation; Spine immobilization; Thoracentesis; Thoracostomy tube or catheter insertion; Thoracotomy, open for patients in extremis; use of manual and mechanical ventilators and resuscitators; wound debridement and repair; moderate and deep sedation in accordance to sedation policy; Confirmation of intrauterine pregnancy by pelvic ultrasound; (FAST) Confirmation of traumatic free intraperitoneal and intrathoracic fluid by Focused Assessment with Sonography for Trauma (FAST) exam; (AAA) Confirmation of presence of abdominal aortic aneurysm by focused abdominal sonography; Basic Resuscitation Cardiac Ultrasound (Pericardial Effusion and Cardiac Activity) and Advanced Emergency Cardiac Ultrasound (Right Ventricle Dilation and Global Left Ventricle Function); Emergency Ultrasound (Ocular for use in evaluation of Intraocular Pathology excluding Optic Nerve Measurements); Emergency Ultrasound (Soft-Tissue Infection and Musculoskeletal).

**Due to contractual restrictions, these privileges cannot be granted at this time.

PRIVILEGES REQUESTED BY:

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 Atrium Health 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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

Signature

Date

Print Name

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CFAM-2(a) THORACENTESIS

EXPLANATION: Applicant shall present evidence of appropriate training and qualifications to perform Thoracentesis.

QUALIFICATIONS: The applicant shall have the burden of producing adequate information for proper evaluation of his competence and qualifications and for resolving any doubts about such qualifications. This documentation may be provided by the applicant, and/or by a letter from the proctor stipulating that the procedures have been performed by the applicant under the direct supervision of the proctor.

Applicants shall present evidence of the following:

1. Provide documentation of the successful completion of a residency program in Family Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Thoracentesis; **OR**
 1. Provide a minimum number of five (5) cases performed within the past two (2) years; **OR**
 1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Thoracentesis. You must provide documentation of proctoring for five (5) procedures.
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CFAM-2(b) ABDOMINAL PARACENTESIS

EXPLANATION: Applicant shall present evidence of appropriate training and qualifications to perform Abdominal Paracentesis.

QUALIFICATIONS: The applicant shall have the burden of producing adequate information for proper evaluation of his competence and qualifications and for resolving any doubts about such qualifications. This documentation may be provided by the applicant, and/or by a letter from the proctor stipulating that the procedures have been performed by the applicant under the direct supervision of the proctor.

Applicants shall present evidence of the following:

1. Provide documentation of the successful completion of a residency program in Family Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Abdominal Paracentesis; **OR**
 1. Provide a minimum number of five (5) cases performed within the past two (2) years; **OR**
 1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Abdominal Paracentesis. You must provide documentation of proctoring for five (5) procedures.
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CFAM-2(c) FLEXIBLE SIGMOIDOSCOPY WITHOUT BIOPSY

EXPLANATION: Applicant shall present evidence of appropriate training and qualifications to perform Flexible Sigmoidoscopy without Biopsy.

QUALIFICATIONS: The applicant shall have the burden of producing adequate information for proper evaluation of his competence and qualifications and for resolving any doubts about such qualifications. This documentation may be provided by the applicant, and/or by a letter from the proctor stipulating that the procedures have been performed by the applicant under the direct supervision of the proctor.

Applicants shall present evidence of the following:

1. Provide documentation of the successful completion of a residency program in Family Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Flexible Sigmoidoscopy without Biopsy; **OR**
 1. Provide a minimum number of fifteen (15) cases performed within the past two (2) years; **OR**
 1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Flexible Sigmoidoscopy without Biopsy. You must provide documentation of proctoring for fifteen (15) procedures.
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CFAM-2(d) FLEXIBLE SIGMOIDOSCOPY WITH BIOPSY

EXPLANATION: Applicant shall present evidence of appropriate training and qualifications to perform Flexible Sigmoidoscopy with Biopsy.

QUALIFICATIONS: The applicant shall have the burden of producing adequate information for proper evaluation of his competence and qualifications and for resolving any doubts about such qualifications. This documentation may be provided by the applicant, and/or by a letter from the proctor stipulating that the procedures have been performed by the applicant under the direct supervision of the proctor.

Applicants shall present evidence of the following:

1. Provide documentation of the successful completion of a residency program in Family Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Flexible Sigmoidoscopy with Biopsy; **OR**
 1. Provide a minimum number of fifteen (15) cases and five (5) with biopsy performed within the past two (2) years; **OR**
 1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Flexible Sigmoidoscopy. You must provide documentation of proctoring for fifteen (15) procedures and five (5) with biopsy.
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CFAM-2(e) and CFAM-2(f) CARDIAC STRESS TESTING (e. Exercise and f. Drug Induced)

- A. Cardiac Stress Testing-**Exercise**: Any physical exercise activity (treadmill, biking, etc.), intended to stimulate or induce cardiac ischemia must be supervised by a physician skilled and privileged to perform such a procedure with its associated evaluations and risks management.
- B. Cardiac Stress Testing-**Drug Induced**: Drug use (intravenous persantine, intravenous adenosine, intravenous isoproterenol, etc.) procedures intended to stimulate or induce cardiac ischemia must be supervised by a physician skilled and privileged to perform such a procedure with its associated evaluations and risks management.

SPECIFIC SKILLS AND TRAINING REQUIRED: The procedures to induce cardiac ischemia must be supervised by a physician who is knowledgeable in the interpretation of twelve-lead ECG's and stress induced ECG's. The physician must present documentation of his/her knowledge and experience in the treatment of angina, myocardial infarction, cardiac arrhythmias, asthma, cardiac arrest, CPR and the risks of the techniques used to induce ischemia.

Applicants shall present evidence of the following:

- 1. Provide documentation of the successful completion of a residency program in Family Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Cardiac Stress Testing; **OR**
- 1. Provide a minimum number of five (5) performed within the past two (2) years; **OR**
- 1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to Cardiac Stress Testing. You must provide documentation of proctoring for five (5).

These procedures are often used in conjunction with other cardiac functional evaluation techniques, such as echocardiography or nuclear medicine scanning procedures. The skills and training to interpret these other cardiac evaluation techniques should be defined by the specific department under which the privileges exist and not be confused with the procedures privileged to induce ischemia.

CFAM-2(h) CENTRAL VEIN CATHETER INSERTION

EXPLANATION: Percutaneous insertion of a catheter into a central vein (examples include the internal jugular, subclavian, or femoral veins). Generally, the purpose of such catheters is to provide access to the venous blood system for infusions of fluids, monitoring venous pressures, blood access for dialysis and for blood sampling of venous blood.

QUALIFICATIONS: Knowledge of the anatomy of the large veins (and variants) to be catheterized. Skills should also include knowledge and training with respect to catheter insertion techniques and complications.

Applicants shall present evidence of at least one of the following:

- 1. Provide documentation of the successful completion of a residency program in Family Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Central Vein Catheter Insertion; **OR**
- 1. Provide a minimum number of ten (10) performed within the past two (2) years; **OR**
- 1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Central Vein Catheter Insertion. You must provide documentation of proctoring for ten (10).

CFAM-2(i) PERCUTANEOUS ARTERIAL LINE PLACEMENT

EXPLANATION: Percutaneous insertion of a catheter into an artery (examples include the radial, brachial, or femoral artery). Generally, the purpose of such a catheter is to be connected to pressure monitoring devices and for blood sampling of arterial blood.

QUALIFICATIONS: Knowledge of the anatomy of the artery (and variants) to be catheterized. Skills should also include knowledge and training with respect to catheter insertion techniques and complications.

Applicants shall present evidence of one of the following:

1. Provide documentation of the successful completion of a residency program in Family Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Percutaneous Arterial Line Placement; **OR**
1. Provide a minimum number of five (5) performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Percutaneous Arterial Line Placement. You must provide documentation of proctoring for five (5).

CFAM-2(j)

PLACEMENT OF POSTERIOR NASAL HEMOSTATIC PACKING

EXPLANATION: Applicant shall present evidence of appropriate training and qualifications to perform Flexible Sigmoidoscopy without Biopsy.

QUALIFICATIONS: The applicant shall have the burden of producing adequate information for proper evaluation of his competence and qualifications and for resolving any doubts about such qualifications. This documentation may be provided by the applicant, and/or by a letter from the proctor stipulating that the procedures have been performed by the applicant under the direct supervision of the proctor.

Applicants shall present evidence of one of the following:

1. Provide documentation of the successful completion of a residency program in Family Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Placement of Posterior Nasal Hemostatic Packing; **OR**
 1. Provide a minimum number of five (5) performed within the past two (2) years; **OR**
 1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Placement of Posterior Nasal Hemostatic Packing. You must provide documentation of proctoring for five (5).
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CFAM-2(k)**CHEST TUBE PLACEMENT**

EXPLANATION: Applicant shall present evidence of appropriate training and qualifications to perform Chest Tube Placement.

QUALIFICATIONS: The applicant shall have the burden of producing adequate information for proper evaluation of his competence and qualifications and for resolving any doubts about such qualifications. This documentation may be provided by the applicant, and/or by a letter from the proctor stipulating that the procedures have been performed by the applicant under the direct supervision of the proctor.

Applicants shall present evidence of one of the following:

1. Provide documentation of the successful completion of a residency program in Family Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Chest Tube Placement; **OR**
 1. Provide a minimum number of five (5) performed within the past two (2) years; **OR**
 1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Chest Tube Placement. You must provide documentation of proctoring for five (5).
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CFAM-2(l)**NASOPHARYNGOSCOPY**

EXPLANATION: Applicant shall present evidence of appropriate training and qualifications to perform Nasopharyngoscopy.

QUALIFICATIONS: The applicant shall have the burden of producing adequate information for proper evaluation of his competence and qualifications and for resolving any doubts about such qualifications. This documentation may be provided by the applicant, and/or by a letter from the proctor stipulating that the procedures have been performed by the applicant under the direct supervision of the proctor.

Applicants shall present evidence of one of the following:

1. Provide documentation of the successful completion of a residency program in Family Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Nasopharyngoscopy; **OR**
 1. Provide a minimum number of five (5) performed within the past two (2) years; **OR**
 1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Nasopharyngoscopy. You must provide documentation of proctoring for five (5).
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CFAM-6(a) ARTERIAL PUNCTURE - PEDIATRICS

EXPLANATION: Applicant shall present evidence of appropriate training and qualifications to perform Arterial Puncture.

QUALIFICATIONS: The applicant shall have the burden of producing adequate information for proper evaluation of his competence and qualifications and for resolving any doubts about such qualifications. This documentation may be provided by the applicant, and/or by a letter from the proctor stipulating that the procedures have been performed by the applicant under the direct supervision of the proctor.

Applicants shall present evidence of one of the following:

1. Provide documentation of the successful completion of a residency program in Family Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Arterial Puncture; **OR**
 1. Provide a minimum number of five (5) performed within the past two (2) years; **OR**
 1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Arterial Puncture. You must provide documentation of proctoring for five (5).
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CFAM-6(b) CIRCUMCISIONS - PEDIATRICS

EXPLANATION: Applicant shall present evidence of appropriate training and qualifications to perform Circumcisions.

QUALIFICATIONS: The applicant shall have the burden of producing adequate information for proper evaluation of his competence and qualifications and for resolving any doubts about such qualifications. This documentation may be provided by the applicant, and/or by a letter from the proctor stipulating that the procedures have been performed by the applicant under the direct supervision of the proctor.

Applicants shall present evidence of one of the following:

1. Provide documentation of the successful completion of a residency program in Family Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Circumcisions; **OR**
 1. Provide a minimum number of five (5) performed within the past two (2) years; **OR**
 1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Circumcisions. You must provide documentation of proctoring for five (5).
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CFAM-6(c) UMBILICAL ARTERY CATHETER PLACEMENT

EXPLANATION: Applicant shall present evidence of appropriate training and qualifications to perform Umbilical Artery Catheter Placement.

QUALIFICATIONS: The applicant shall have the burden of producing adequate information for proper evaluation of his competence and qualifications and for resolving any doubts about such qualifications. This documentation may be provided by the applicant, and/or by a letter from the proctor stipulating that the procedures have been performed by the applicant under the direct supervision of the proctor.

Applicants shall present evidence of one of the following:

1. Provide documentation of the successful completion of a residency program in Family Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Umbilical Artery Catheter Placement; **OR**
 1. Provide a minimum number of five (5) performed within the past two (2) years; **OR**
 1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Umbilical Artery Catheter Placement. You must provide documentation of proctoring for five (5).
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CFAM-6(d) UMBILICAL VEIN CATHETER PLACEMENT

EXPLANATION: Applicant shall present evidence of appropriate training and qualifications to perform Umbilical Vein Catheter Placement.

QUALIFICATIONS: The applicant shall have the burden of producing adequate information for proper evaluation of his competence and qualifications and for resolving any doubts about such qualifications. This documentation may be provided by the applicant, and/or by a letter from the proctor stipulating that the procedures have been performed by the applicant under the direct supervision of the proctor.

Applicants shall present evidence of one of the following:

1. Provide documentation of the successful completion of a residency program in Family Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Umbilical Vein Catheter Placement; **OR**
 1. Provide a minimum number of five (5) performed within the past two (2) years; **OR**
 1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Umbilical Vein Catheter Placement. You must provide documentation of proctoring for five (5).
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CFAM-6(e) CHEST TUBE INSERTION

EXPLANATION: Applicant shall present evidence of appropriate training and qualifications to perform Chest Tube Insertion.

QUALIFICATIONS: The applicant shall have the burden of producing adequate information for proper evaluation of his competence and qualifications and for resolving any doubts about such qualifications. This documentation may be provided by the applicant, and/or by a letter from the proctor stipulating that the procedures have been performed by the applicant under the direct supervision of the proctor.

Applicants shall present evidence of one of the following:

1. Provide documentation of the successful completion of a residency program in Family Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Chest Tube Insertion; **OR**
 1. Provide a minimum number of five (5) performed within the past two (2) years; **OR**
 1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Chest Tube Insertion. You must provide documentation of proctoring for five (5).
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CFAM-6(f) Frenotomy

EXPLANATION: Applicant shall present evidence of appropriate training and qualifications to perform Frenotomy.

QUALIFICATIONS: The applicant shall have the burden of producing adequate information for proper evaluation of his competence and qualifications and for resolving any doubts about such qualifications. This documentation may be provided by the applicant, and/or by a letter from the proctor stipulating that the procedures have been performed by the applicant under the direct supervision of the proctor.

Applicants shall present evidence of one of the following:

1. Provide documentation of the successful completion of a residency program in Family Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Frenotomy; **OR**
 1. Provide a minimum number of five (5) performed within the past two (2) years; **OR**
 1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Frenotomy. You must provide documentation of proctoring for five (5).
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CASE LOG

Physician's Name: _____

Date: _____

| | DATE | MEDICAL RECORD NUMBER | PROCEDURE TYPE | Name of procedure (as listed on DOP, e.g. CFAM-2(a)) |
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