

Privileges in Emergency Medicine

Name: _____

Please Print

MEDICAL STAFF CATEGORY REQUESTED:

- Active** – Uses Stanford Hospital & Clinics (SHC) as a primary hospital and regularly admits/treats, consults, patients at this facility, or is regularly involved in medical staff functions. (Minimum 11 pt contacts per year)
- Courtesy-Admitting** – Member in good standing in another TJC, AAAHC or AAAASF accredited hospital, and admits/treats 3 – 10 patients per year at SHC
- Courtesy-Teaching** – Treats SHC patients only when incident to performing clinical teaching Responsibilities. Must have teaching appointment with the Stanford School of Medicine

Please indicate any teaching title you may hold with the Stanford School of Medicine:

- Faculty (MCL, TL, UTL or CE)
- Adjunct Clinical Faculty

Teaching Title: _____

REQUESTED	PROCEDURE	INITIAL CRITERIA	RENEWAL CRITERIA	Proctoring Requirements
CORE PRIVILEGES				
<input type="checkbox"/>	<p><u>Privileges included in the Core:</u></p> <p>Privileges include being able to place patients into short term observation status in the Clinician Decision Area (CDA), or admit under “holding orders” in collaboration with an admitting physician, assess, work up, perform history and physical exam, and provide initial treatment to patients who present with any illness or injury, condition, or symptom in the ED. An emergency physician is expected to provide those services necessary to ameliorate minor illnesses or injuries, provide stabilizing treatment to patients who present with major illnesses or injuries, and assess all patients in order to determine whether more definitive services are necessary.</p> <p>Privileges do not include provision of definitive long-term care for patients on an inpatient basis. Privileges do not include the authorization to admit or to perform scheduled elective procedures (with the exception of procedures performed during routine emergency room follow-up visits).</p>	<p>Successful completion of an ACGME or AOA-accredited residency/fellowship in emergency medicine, OR successful completion of a residency in another specialty followed by at least 5 years of continuous, full time experience in a high volume (> 30,000 visits per year) emergency department or foreign equivalent training.</p> <p style="text-align: center;"><u>AND</u></p> <p>Current certification or active participation in the examination process leading to certification in emergency medicine by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine OR current board certification in another ABMS-recognized specialty with at least 5 years of continuous, full time experience in a high volume (> 30,000 visits per year) emergency department or foreign equivalent training/board.</p>	<p>Appropriate number of cases performed per year as based on Category</p> <p>_____ # of Cases in 2 years</p> <p>Minimum of 200 cases in the past two years</p>	<p>5 chart reviews</p>

SPECIAL PRIVILEGES (MUST ALSO MEET THE CRITERIA ABOVE)				
REQUESTED	PROCEDURE	INITIAL CRITERIA	RENEWAL CRITERIA	PROCTORING REQUIREMENTS
<input type="checkbox"/>	Administration of Moderate Sedation	In accordance with Hospital Sedation Policy and completion of the SHC sedation exam	Sedation Exam every 4 years.	1 chart review
<input type="checkbox"/>	Major trauma management	Must have taken ATLS at least once. ED physicians, who are Board Certified in a specialty other than Emergency Medicine, must maintain current ATLS certification. Requirement of, on average, 16 hours per year of CME or demonstration of participation in an internal education process conducted by the trauma program.	_____ # of cases in 2 years Minimum of two (2) cases required in the past two years If Board Certified in a specialty other than Emergency Medicine, must maintain current ATLS certification. Requirement of, on average, 16 hours per year of CME or demonstration of participation in an internal education process conducted by the trauma program.	1 chart review
<input type="checkbox"/>	Critical pediatric care	Current PALS or APLS certification if not board certified or board eligible in Emergency Medicine	_____ # of cases in 2 years Minimum of two (2) cases required in the past two years	1 chart review

**** On a separate sheet of paper, please describe any major, unexpected complications you have encountered for any of the Core Privileges or Additional Privileges you are requesting**

NOTE: PROCTORING IS REQUIRED FOR ALL INITIAL PRIVILEGES REQUESTED UNLESS OTHERWISE NOTED BY SERVICE CHIEF. MUST BE COMPLETED WITHIN 12 MONTHS

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 that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I understand that 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.

Applicant Signature: _____ Date _____

If sending by email, type your name in the box above.
 If sending by mail, please print first and then sign.