

Privileges in Orthopaedic Surgery Service

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-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 or UTL) Clinical Educator 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> Privileges to admit, evaluate, diagnose, consult, perform history and physical and provide non-surgical and surgical care to correct or treat various conditions, illnesses, or injuries of the musculoskeletal system. Privileges include:</p> <ul style="list-style-type: none"> • Trauma, including multisystem trauma • Hand and foot surgery (routine) • Athletic injuries, including arthroscopy • Orthopaedic rehabilitation, including amputations and postamputation care • Musculoskeletal imaging • Orthopaedic oncology • Rehabilitation of neurologic injury and disease • Spinal cord injury rehabilitation • Orthotics and prosthetics • Cast application, reinforcement and removal procedures • Joint aspiration; joint injection • Suture and packing of wounds • Primary Joint Replacement (Routine) • Shoulder/elbow surgery (Routine) • Initial management of urgent and emergent pediatric orthopaedic disease and injury 	<p>Successful completion of an ACGME or AOA-accredited residency in Orthopaedic Surgery.</p> <p align="center"><u>AND</u></p> <p>Current certification or active participation in the examination process leading to certification in Orthopaedic Surgery by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery.</p>	<p>Reappointments: please be prepared to provide a list of cases performed at facilities other than SHC if requested.</p> <p>Appropriate number of cases performed per year as based on Category</p> <p>_____ # of Cases in 2 years</p> <p>Minimum of 100 cases in the past two years</p>	5 chart reviews

SPECIAL PRIVILEGES (MUST ALSO MEET THE CRITERIA ABOVE)				
REQUESTED	PROCEDURE	ADDITIONAL CREDENTIALING CRITERIA (if applicable)	# of Cases performed in past 2 yrs **	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	2 chart reviews
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	'Radiology Supervisor and Operator Certificate' or 'Fluoroscopy Supervisor and Operator Permit' required	Maintenance of valid Fluoroscopy Certificate	
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics	Must have teaching appointment through the Stanford School of Medicine.		
<input type="checkbox"/>	Admit, treat, perform surgical procedures, or provide follow-up care for inpatients ages 14 years or younger	Must have membership and privileges at Lucile Packard Children's Hospital		
<input type="checkbox"/>	Surgery of the spine, including disk surgery, spinal trauma, and spinal deformities	Fellowship in spine surgery or documentation of additional training and experience	____# of Cases in 2 years Minimum of 5 cases in the past two years	2 chart reviews
<input type="checkbox"/>	Vascular grafts of the hands and forearm	Fellowship in Hand Surgery	____# of Cases in 2 years Minimum of 5cases in the past two years	2 chart reviews
<input type="checkbox"/>	Complex and re-do joint replacement	Fellowship training in joint replacement or documentation of prior experience	____# of Cases in 2 years Minimum of 5cases in the past two years	2 chart reviews
<input type="checkbox"/>	Limb replantation	Fellowship in hand and/or vascular surgery	____# of Cases in 2 years Minimum of 4cases in the past two years	2 chart reviews
<input type="checkbox"/>	Complex pelvic fractures	Fellowship in Orthopaedic trauma or documenter of prior experience	____# of Cases in 2 years Minimum of 4 cases in the past two years	2 chart reviews
<input type="checkbox"/>	Microvascular flaps	Documentation of additional training and experience	____# of Cases in 2 years Minimum of 4 cases in the past two years	2 chart reviews
<input type="checkbox"/>	Non-operative Sports Medicine Evaluation and management of sports related injuries and associated medical problems.	Meeting Core Privilege criteria for orthopaedic surgery training or equivalency is not required. Successful completion of an ACGME or AOA residency training in Emergency Medicine, Internal Medicine or Family Medicine. Prior approval from the Chair of Orthopaedic Surgery or designee.	____# of Cases in 2 years Minimum of 22 cases in the past two years	5 chart reviews

**** 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.