

**REHOBOTH MCKINLEY CHRISTIAN HOSPITAL
CLINICAL PRIVILEGES APPLICATION**

GENERAL SURGERY

APPLICANT NAME _____

CORE PRIVILEGES:

General surgery privileges include admission, work up, diagnosis, and provision of nonsurgical and surgical care to patients of all ages presenting with illnesses, injuries, conditions, and disorders of the:

- alimentary tract;
- abdomen and its contents;
- breast, skin, and soft tissue;
- head and neck;
- vascular system, **excluding the intercranial vessels, heart, and those vessels intrinsic and immediately adjacent thereto;**
- endocrine system;
- comprehensive management of trauma, including musculoskeletal, hand and head injuries;
- complete care of the critically ill patients with surgical conditions;
- endoscopic techniques;
- other relevant diagnostic and therapeutic techniques including laryngoscopy, bronchoscopy, and fine needle aspiration.

These core privileges do not include any of the privileges listed under Special Privileges.

NOTE: In the case of an emergency, to the degree permitted by license and regardless of department, staff status or clinical privileges, shall be permitted and shall be assisted by hospital personnel to do everything possible to save a patient from serious harm.

QUALIFICATIONS FOR CORE PRIVILEGES: (Check only the first one which applies to you)

CLASS IV:

____ **Completion of or certification in an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)- approved subspecialty fellowship in**

General Surgery.

Subspecialty: _____.

Members with these privileges are expected to be physicians with experience, training and competence of service as consultants and treating the most extreme illnesses including those within the subspecialty area.

CLASS III:

- ____ **Board certification in General Surgery; or**
- ____ **Active board certification application in General Surgery pending, having completed an ACGME- or AOA-approved post graduate training program in General Surgery; or**
- ____ **Completion of an ACGME- or AOA-approved post graduate training program and full time general surgical experience for the last five (5) consecutive years.**

Members with these privileges are expected to be physicians with experience, training and competence in their specialty. Such physicians would be expected to request consultation: (1) when hazardous treatment procedures are contemplated; (2) when unexpected complications arise; (3) or in cases in which treatment response seems unduly delayed.

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NAME: _____

Other training, please explain:

SPECIAL PRIVILEGES: For each special request, you must state the training and number of procedures during training; or number of procedures performed in the last 12 months. If any one or all special privileges are not needed, YOU MUST CHECK "NO" UNDER "PRIVILEGES REQUESTED".

PRIVILEGES
 PRIVILEGES
 REQUESTED
 RECOMMENDED
 YES NO

YES NO

Use of surgical laser.

Training/Experience: _____

Laparoscopic surgery.

Training/Experience: _____

Management of mechanical ventilation.

Training/Experience: _____

Obstetric/Gynecologic surgery, elective.

Training/Experience: _____

Orthopedic surgery, elective.

Training/Experience: _____

Intravenous conscious sedation.

Training/Experience: _____

NOTE: A PRACTITIONER GRANTED IV SEDATION PRIVILEGES MUST ADHERE TO PATIENT CARE SERVICES POLICY # 14.63.

ADDITIONAL PRIVILEGES (Specify, stated with training/experience):

APPLICANT SIGNATURE: _____

DATE: _____

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NAME: _____

DEPARTMENT REVIEW:

Comments/Recommendations/Suggestions:

Proctoring Arrangement: I have discussed the need for proctoring of this applicant. The following practitioner(s) who is/are member(s) of the Active Staff of the Medical Staff has/have been assigned:

Signed: _____
Department Chairperson

Date of Review

SURGERY DEPARTMENT.
Medical Staff Department

MSS: REVISED 09/99.