

CARLSBAD MEDICAL CENTER –REQUEST FOR PRIVILEGES

Name of Applicant: _____

**PODIATRIC SURGERY
REQUEST FOR CLINICAL PRIVILEGES**

Privileges followed by an asterisk are identified in this table. Please submit required documentation when applicable at the time of appointment or reappointment. The numbers indicated in this table represent the minimal number of documented procedures required to be submitted for consideration of the privilege requested. Additional documentation of training, experience and/or current competence may be requested and additional proctoring may be requested at any time by the Department Chairperson, or the Medical Executive Committee for any privilege requested.

PROCEDURES	TRAINING/EXPERIENCE	Number of Documented Procedures for Initial Appointment	Number of Procedures Every 2 Years	Number of Procedures to be Initially Proctored
LEVEL 1				
Conscious Sedation – Pediatric (<15 years) Moderate Sedation or Analgesia	See Attachment C	2	1	N/A
Conscious Sedation – Adult Moderate Sedation or Analgesia	See Attachment C	2	1	N/A
Conscious Sedation – Pediatric (<15 years) Deep Sedation or Analgesia	See Attachment C	2	1	4
Conscious Sedation – Adult Deep Sedation or analgesia	See Attachment C	2	1	4
LEVEL 2				
Amputation of Single/Multiple digits	Documentation of Successful Performance	2	1	1
Bunionectomy with Osteotomy		2	1	1
Excision of Metatarsal Bones		2	1	1
Plantar Fasciectomy with Endoscopy		2	1	1
Skin Grafts to include pinch grafts of forefoot and rearfoot		2	1	1
Tendon Transfer or Redirection of Forefoot		2	1	1
LEVEL 3				
Closed or open repair of fracture/dislocation of the rearfoot	Successful completion of an approved residency or fellowship in reconstructive rearfoot/ankle surgery and documentation of successful performance.	2	1	1
Fusion—Mid Tarsal		2	1	1
Multiple Digit Resection		2	1	1
Osseous Tumors of the Rearfoot		2	1	1
Osteotomies of Tarsal Bones		2	1	1
Skin Transfer/Rotation Flaps		2	1	1
Tarsal Tunnel Release		2	1	1

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Tendon Transfer or Redirection, Rearfoot		2	1	1
Ankle Surgery Repair ligamentous structures of the ankle.	Certification for reconstructive rearfoot/ankle surgery and/or documentation of successful performance.	5	2	

Name of Applicant: _____

MEDICAL STAFF CREDENTIALING CRITERIA FOR CONSCIOUS SEDATION

Moderate Sedation or Analgesia

Separate privileges are granted for the categories of adult and pediatric (< 15 years) moderate sedation or analgesia, based on documentation of current competency.

All medical staff requesting any conscious sedation privilege must complete and document a review of the current medical staff conscious sedation policy. **In addition** to the required review of the conscious sedation policy, practitioners requesting privileges in conscious sedation must meet requirements of either #1 or #2 listed below:

1. Documentation of training, experience and current competence related to the use of moderate sedation or analgesia, **and** successful performance of at least (1) moderate sedation/analgesia case in the last (2) years for each category of moderate sedation or analgesia applied for and (2) sedation/analgesia cases at initial appointment **OR**
2. Documentation of relevant training and experience **AND**
 - a. Attendance at a Carlsbad Medical Center sponsored CME program on moderate sedation/analgesia **or** review of the videotape of such conference **and** achievement of a score of 85% or higher on the moderate sedation/analgesia post-test, **AND** provisional privileges will be granted pending outcome review.

Deep Sedation or Analgesia

Separate privileges to be granted for the categories of adult and pediatric (< 15 years) deep sedation or analgesia based on documentation of current competency. **All** medical staff requesting any conscious sedation privilege, must complete and document a review of the current medical staff conscious sedation policy **AND** maintain current ACLS certification (*PALS or NALS as appropriate*); **OR** be Board Certified or fully trained in a Carlsbad Medical Center approved residency training program in Emergency Medicine, Anesthesiology or Critical Care Medicine.

In addition to the required review of the conscious sedation policy, ACLS and board certification or residency requirements above, practitioners requesting privileges in conscious sedation must meet requirements of either #1 or #2 listed below:

1. Documentation of training, experience and current competence related to use of deep sedation/analgesia, **and** successful performance of at least (1) deep sedation/analgesia cases in the last (2) years for each category of deep sedation or analgesia applied for **OR**
2. Documentation of relevant training and experience, **AND ALL** of the following:
 - a. Attendance at a Carlsbad Medical Center-sponsored CME program on deep sedation/analgesia or review of the videotape of such conference and achievement of the score of 85% or higher on the deep sedation/analgesia post-test, **AND**
 - b. Provide documentation of successful completion of four (4) deep sedation/analgesia cases, in each category applied for, under the direct supervision of a Carlsbad Medical Center practitioner holding appropriate clinical privileges in deep sedation. If applying for both categories of deep sedation/analgesia, a total of six (6) cases will satisfy this requirement **AND**
 - c. Successful completion of four (4) intubations in the Operating Room under the direct supervision of a Carlsbad Medical Center credentialed anesthesiologist. If applying for both categories of deep sedation/analgesia, a total of six (6) cases will satisfy this requirement.



AUTHORIZATION FOR BACKGROUND CHECK

By signing below, I grant permission to the Hospital, its medical staff and representatives ("Hospital") to obtain an investigative report, to include state and federal criminal records and driving arrest records, for purposes of processing my medical staff application. I understand that I may request the Hospital to disclose the nature and scope of the investigation requested within five (5) days of my written request made within a reasonable time after the Hospital obtains the information. I also understand that I am entitled to request a summary of my rights with respect to consumer reporting agencies.

Print Name

Signature

Date