



COMPETENCY QUALIFICATIONS FOR CLINICAL PRIVILEGES

EMERGENCY MEDICINE

☐ Initial Privileges (Initial Appointment)

☐ Renewal of Privileges (Reappointment)

Physician Name: _____

MINIMUM THRESHOLD CRITERIA FOR REQUESTING EMERGENCY MEDICINE CORE PRIVILEGES:

Basic Education: M.D. or D.O.

Minimal Formal Training: Successful completion of an ACGME/AOA accredited residency program and are board eligible or certified in Emergency Medicine; OR successful completion of an accredited residency program in Internal Medicine/Family Medicine/Surgery and at least 24 months, or its equivalent, of full time experience in emergency medicine and ACLS, PALS and ATLS certification.

Initial Applicants: Active practice in an emergency department, reflective of the scope of privileges requested, in the past 12 months with a census equal to or exceeding 10,000 patient visits annually, or successful completion of an ACGME/AOA-accredited residency or clinical fellowship within the past 12 months.

Reappointment: Current demonstrated competence and an adequate volume of experience in the management of patients, with acceptable results reflective of the scope of privileges requested, for the past 24 months based upon the unbiased, objective results of this hospital's performance improvement mechanisms and ongoing professional practice evaluation. Numbers of procedures/encounters will include those that were performed by the applicant during the course of his/her practice, whether in the hospital, another hospital or other emergency department setting.

The following core privileges define the types of activities, procedures and privileges that the majority of practitioners in this specialty perform. Please check either **YES** or **NO** for the requested privilege(s).

CORE PRIVILEGES – EMERGENCY MEDICINE

YES	NO	
		Assess, evaluate, diagnose and initially treat patients of all ages who present in the ED with any symptom, illness, injury or condition. Provide immediate recognition, evaluation, care, stabilization and disposition in response to acute illness and injury. Privileges include the performance of history and physical examination, the ordering and interpretation of diagnostic studies, including laboratory, diagnostic imaging and electrocardiographic examinations and the administration of medications normally considered part of the practice of emergency medicine. Privileges include the admission of patients to the attending physician but do not include continued care of the patient once admitted or the performance of scheduled elective procedures. Moderate sedation.

The following is a **sample** of conditions and procedures, and such other conditions and procedures that are an extension of the same knowledge and skills, which are considered to be contained within the core. It is neither expected nor required that practitioners perform every procedure listed. **(If you do not desire the entire core, please strikethrough any privileges that you do not wish to request):**

Airway adjuncts	Capnometry
Cricothyrotomy	Foreign body removal
Intubation	Basic mechanical ventilation
Non-invasive ventilator management	Percutaneous transtracheal ventilation
Local anesthesia	Anoscopy
Regional nerve block	Arthrocentesis
Blood, fluid & competent therapy administration	Compartment pressure measurement
Lumbar puncture	Cystourethrogram
Paracentesis	Nasogastric tube
Slit lamp examination	Pericardiocentesis
Thoracentesis	Peritoneal lavage
Bladder catheterization (Foley & suprapubic)	Tonometry
Drainage of peritonsillar abscess	Testicular detorsion
Lateral canthotomy	Control of epistaxis
Arterial catheter insertion	Laryngoscopy
Intraosseous infusion	Tooth stabilization
Emergency delivery of newborn	Central venous access
Excision of thrombosed hemorrhoids	Peripheral venous cut down
Gastric lavage	Burn management
Incision & drainage	Gastrostomy tube placement; incision & drainage
Pain management (acute)	Sexual assault examination
Trephination nails	Violent patient management/restraints
Wound closure techniques	Wound management
CPR	Neonatal resuscitation
Fracture/dislocation immobilization & reduction techniques	Spine immobilization techniques
Cardiac pacing (cutaneous, transvenous)	Defibrillation/cardioversion
	Thoracostomy & thoracotomy

NON-CORE PRIVILEGES – EMERGENCY MEDICINE

Special credentialing criteria might apply and proof of demonstrated training and competency must be provided.

YES	NO	
		Emergency (bedside) ultrasound

OTHER – EMERGENCY MEDICINE

YES	NO	

I understand that in making this request, I am bound by Iberia Medical Center's Medical Staff Bylaws and policies. I hereby stipulate that I meet the threshold for each request and I understand that if any uncertainty arises as to whether a particular condition or procedure is contained within the core, the Chief of the Clinical Section might be called upon to make that judgement. I also understand that all requests include the privilege to assess, stabilize and determine disposition of patients with emergent conditions consistent with Medical Staff Rules and Regulations regarding emergency and consultative call services within the specialty. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Policy on Appointment, Reappointment and Clinical Privileges.

Health Status

I am able to perform all the procedures for which I have requested privileges, with or without reasonable accommodation, according to accepted standards of professional performance and without posing a threat to patients.

Date Requested _____

Applicant's Signature

FOR MEDICAL STAFF OFFICE USE ONLY:

PRIVILEGES GRANTED FOR APPOINTMENT PERIOD _____ - _____

IN THE _____ **STAFF CATEGORY WITH THE FOLLOWING EXCEPTIONS:**
