

### **Primary Care & Population Health**

#### Name:

#### Instructions:

- 1. Click the **Request** checkbox to request a group of privileges such as **Core Privileges.**
- 2. **Uncheck** any privileges you do not want to request in this group.
- 3. Individually check off any **Special Privileges** you want to request.
- 4. Sign form electronically and **submit with all required documentation**.

#### **Required Qualifications**

## Faculty Appointment or SHC Employment:

Privileges to practice Primary Care at Stanford in a Stanford Health Care outpatient setting is contingent upon either a Faculty Appointment in the School of Medicine, or employment by Stanford Health Care, as well as meeting the following criteria set forth below.

# Education/Training: Primary Care

Successful completion of an ACGME or AOA-accredited residency in Family Medicine, Internal Medicine or foreign equivalent training.

#### ΔΝΓ

Current certification or active participation in the examination process leading to certification in Family Medicine or Internal Medicine by the American Board of Family Medicine, the American Board of Internal Medicine, the American Osteopathic Board of Family Physicians or Internal Medicine, or foreign equivalent training/board certification.

#### AND

Documentation or attestation of the management of general medicine problems for at least 100 primary care outpatients as the attending physician (or senior resident) during the past two years.

# Education/Training: Children's Primary Care

Successful completion of an ACGME or AOA-accredited residency in Family Medicine, or Pediatrics or foreign equivalent training.

#### AND

Current certification or active participation in the examination process leading to certification in Family Medicine by the American Board of Family Medicine, the American Board of Pediatrics, the American Osteopathic Board of Family Physicians or Pediatrics, or foreign equivalent training/board certification.

#### AND

Documentation or attestation of the management of general pediatric patients for at least 50 primary care outpatients as the attending physician (or senior resident) during the past two years.

# Education/Training: Express/Same Day Care

Successful completion of an ACGME or AOA-accredited residency in Family Medicine, Internal Medicine, or Emergency Medicine, or foreign equivalent training.

#### Δ NID

Current certification or active participation in the examination process leading to certification in Family Medicine, Internal Medicine or Emergency Medicine by the American Board or Osteopathic Board of Family Medicine, the American Board or Osteopathic Board of Internal Medicine or the American Board of Emergency Medicine, the American Osteopathic Board of Emergency Medicine, or foreign equivalent training/board certification.

#### AND

Documentation or attestation of the management of general medicine or urgent care problems for at least 100 primary care outpatients as the attending physician (or senior resident) during the

past two years.

## Education/Training: Geriatrics

Successful completion of an ACGME or AOA-accredited Fellowship in Geriatrics or foreign equivalent training.

#### AND

Current certification or active participation in the examination process leading to certification in the American Board of Geriatrics, the American Osteopathic Board of Geriatrics, or foreign equivalent training/board certification.

#### AND

Documentation or attestation of the management of geriatric patients for at least 100 inpatients, skilled nursing patients, or outpatients as the attending physician (or senior resident) during the past two years.

## Education/Training: Palliative Care

Successful completion of an ACGME or AOA-accredited Fellowship in Palliative Care or foreign equivalent training.

#### AND

Current certification or active participation in the examination process leading to certification in the American Board of Palliative Medicine, the American Osteopathic Board of Palliative Medicine, or foreign equivalent training/board is acceptable.

#### AND

Documentation or attestation of the management of palliative care patients for at least 100 patients, in the inpatient or outpatient setting as the attending physician (or senior resident) during the past two years.

## Education/Training: Occupational Medicine

Successful completion of an ACGME or AOA-accredited residency/fellowship in one of the following: Occupational Medicine, Preventive Medicine, Internal Medicine, Family Medicine, Emergency Medicine, or foreign equivalent training.

Current certification or active participation in the examination process leading to certification by one of the following: American Board of Preventive Medicine, the American College of Occupational and Environmental Medicine, Medicine, American Board of Internal Medicine, American Board of Family Medicine, American Osteopathic Board of Preventive Medicine, American Osteopathic Board of Family Medicine, the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine, or foreign equivalent training/board is acceptable.

#### ΔΝΠ

Documentation or attestation of the management of occupational medicine for at least 100 outpatients as the attending physician (or senior resident) during the past two years.

#### **FPPE**

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

## **Patient Population**

### Qualifications

### **Renewal Criteria**

Minimum 50 Core cases required during the past 2 years. Maintain current certification or active participation in the examination process leading to certification in specialty or foreign equivalent training/board.

Request	Request all privileges listed below. Uncheck any privileges that you do not want to request.	Service Chief Rec
	<b>Patient Population</b> (Renewal Criteria - Minimum 50 core cases required during the past 2 years. Maintain current certification or active participation in the examination process leading to certification in specialty or foreign equivalent training/board.)	
	Adult Primary Care	
	Children's Primary Care	
	Geriatrics	
	Occupational Medicine	
	Palliative Care	
	Express/Same Day Care	

## Core

Request	Request all privileges listed below.  Uncheck any privileges that you do not want to request.	Service Chief Rec
	Adult Primary Care: Privileges to evaluate, diagnose, perform history and physical exam, consult, and provide non-surgical treatment to patients in episodic ambulatory care setting. Privileges to consult with primary medical or surgical team in the acute care hospital and any skilled nursing care facility, including performing consultation visits and documenting consulting notes in the inpatient medical record. Privileges to manage and coordinate patient care, treatment, and services in the Ambulatory Treatment Infusion Center, including diagnostic tests and treatment. Treatment would include infusion therapy or blood administration. Must provide History and Physical and must designate another physician(s) with admitting and other appropriate privileges to manage complications if necessary. (Privilege applies only to the outpatient care of patients, 14 years of age and up)	
	Children's Primary Care: Privileges to evaluate, diagnose, perform history and physical exam, consult, and provide non-surgical treatment to patients presenting with general medical problems, in both episodic and ongoing continuity primary care, in the ambulatory setting. (Privilege applies only to the outpatient care of patients, 0-23 years of age)	
	Geriatric Medicine: Privileges to evaluate, diagnose, perform history and physical exam, consult, and provide non-surgical treatment to geriatric patients requiring geriatric expertise, both episodic and continuity, in the acute hospital, skilled nursing, home, hospice, and ambulatory setting.	

Palliative Care: Privileges to evaluate, diagnose, perform history and physical exam, consult, and provide non-surgical treatment to patients presenting with Palliative Care needs, both episodic and continuity, in the acute hospital, skilled nursing, home, hospice, and ambulatory setting, including admission and management in hospice care settings. (Privilege applies only to the outpatient care of patients, 14 years of age and up)	
Express/Same Day Care: Privileges to evaluate, diagnose, perform history and physical exam, consult, and provide non-surgical treatment to patients in episodic ambulatory care setting.	
Occupational Medicine Only: Privileges to evaluate, diagnose, perform history and physical exam, consult, and provide non-surgical treatment to patients presenting with Occupational medical conditions, both episodic and continuity, in the ambulatory setting. (Privilege applies only to the outpatient care of patients, 14 years of age and up)	
INCLUDED CORE PRIVILEGES: Select only those in which you are currently competent:	
Skin biopsy	
Aspiration of intra-, subcutaneous cysts, furuncles, etc.	
Arthrocentesis - small joint	
Arthrocentesis, large joint	
Therapeutic injection, large joint, small joint	
Anoscopy, I & D acute thrombosed hemorrhoid	
I & D cutaneous abscess	
Management of uncomplicated minor closed fractures and uncomplicated dislocations	
IUD removal	
Liquid nitrogen treatment warts, keratoses	
Removal of non-penetrating corneal foreign body, foreign body from conjunctival sac, ear, nose, skin	
Suture minor lacerations	
Toenail avulsion	
Electrocardiogram Interpretation - performance and bedside interpretation	
Point-of-care laboratory test performance, including hemoccult testing and microscopy of urine, vaginal secretions and skin scraping	

### FPPE - Area is managed by Medical Staff Office. Please make NO selections

Core - Primary Care & Population Health

## SPECIAL PRIVILEGES

**Description:** Must also meet Required Qualifications for Core Privileges

Request	Request all privileges listed below. Uncheck any privileges that you do not want to request.	Service Chief Rec
	Cervix - biopsy [CRITERIA - 10 cases in the past two years - documentation required - Initial only]	
	Cervix - cryocautery [CRITERIA - 10 cases in the past two years - documentation required - Initial only]	
	Colposcopy [CRITERIA - 10 cases in the past two years - documentation required - Initial only]	
	Hemorrhoidal rubber banding [CRITERIA - 10 cases in the past two years - documentation required - Initial only]	

Hypnotherapy Criteria for Non-Psychiatrists: For use in treating only those conditions which fall within the professional's current scope of practice Initial Granting: Evidence of at least one graduate school or post-graduate training course in hypnosis for professionals -AND- Membership in either Division 30 (Hypnosis) of the American Psychological Association, the Society for Clinical and Experimental Hypnosis, or the American Society of Clinical Hypnosis, -OR- Documentation of at least 5 supervised cases by someone with this privilege. Renewal - Minimum 5 cases required during the past 2 years.	
IUD insertion [CRITERIA - Initial - Must present case log of at least 5 supervised cases for review and approval before privilege can be granted. Renewal - Minimum 10 cases required in the past 2 years]	
Newborn circumcision [CRITERIA - 10 cases in the past two years - documentation required - Initial only]	
Nexplanon [CRITERIA - Initial - Completion of an ACGME Family Medicine Residency where Nexplanon training was included (Residency program confirmation required) - OR - Merck Clinical Training Program for Nexplanon insertion. Documentation of 1 insertion and 1 removal case required. Renewal - Minimum 5 cases during the past two years.]	
No-Scalpel vasectomy - [Initial CRITERIA - Letter from residency program documenting competency or documentation of a minimum of 5 cases. Renewal Criteria - Minimum 3 cases during the past two years.]	

### FPPE - Area is managed by Medical Staff Office. Please make NO selections

Cervix - biopsy
Cervix - cryocautery
Colposcopy
Hemorrhoidal rubber banding
Hypnotherapy
IUD insertion
Newborn circumcision
Nexplanon

### **Acknowledgment of Applicant**

No-Scalpel vasectomy

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 acknowledge I have met the minimum number of cases required as identified for privileges.

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.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this	Date
privilege request	

### Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation
Service Chief Recommendation - Proctoring Requirements	
Service Chief/Designee - By clicking on the 'Submit' button below electronically signed, dated and approved this privilege request	w, I have Date