DELINEATION OF CLINICAL PRIVILEGES - FAMILY PRACTICE

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER *(Last, First, MI)*	2. RANK/GRADE	3. FACILITY

INSTRUCTIONS:

PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

GENERAL: Family Practice practitioners will demonstrate skills in interviewing, examination, assessment, and management of patients with general medical, obstetrical, surgical, and psychiatric health problems. Full privileges include admission privileges to all services to include the intensive care areas of the hospital (MICU/CCU/SICU).

PROVIDER CODES	APPROVAL CODES
1 - Fully competent to perform	1 - Approved as fully competent
2 - Modification requested *(Justification attached)*	2 - Modification required *(Justification noted)*
3 - Supervision requested	3 - Supervision required
4 - Not requested due to lack of expertise	4 - Not approved, insufficient expertise
5 - Not requested due to lack of facility support	5 - Not approved, insufficient facility support

SECTION I - CLINICAL PRIVILEGES

Category I. Emergency Care.

Uncomplicated illnesses or problems which have low risk to the patient such as routine prenatal health care, incision and evacuation of thrombosed hemorrhoids, and acute and chronic outpatient care in clinics and emergency services. Residency training is not required but reasonable experience in the care of patients with these problems or in the performance of these procedures is required.

Requested	Approved		Requested	Approved	
		Category I clinical privileges			e. Regional Anesthesia
		a. Anoscopy			f. Splinting/Casting/Immobilizing of Simple Fractures
		b. ECG Performance and Initial Interpretations			
		c. Basic Radiologic Interpretations *(Skull, spine, CXR, abdomen, IVP, and extremity)*			
		d. Insertion/Removal of IUD			

Category II. Includes Category I.

Major illnesses, injuries, conditions or procedures which do not have significant risk to life such as in the provision of care for uncomplicated psychiatric, orthopedic, medical, pediatric, or obstetrical patients. Requires at least significant graduate Family Practice training or considerable documented experience in the care of these conditions, or the performance of these procedures.

Requested	Approved		Requested	Approved	
		Category II clinical privileges			f. Breast Mass/Cyst Aspiration
		a. Lumbar Puncture *(Adult and Child)*			g. Nasopharyngoscopy
		b. Infant/Newborn Resuscitation			h. Procto-/Flexible Sigmoidoscopy
		c. Vaginal Delivery *(Uncomplicated)*			i. Minor Surgery
		d. Endometrial Biopsy			
		e. Circumcision *(Infant)*			

Category III. Includes Categories I and II.

Major illnesses, injuries, conditions or procedures which may carry some substantial threat to life such as heat stroke, pre-eclampsia, vertebral fractures, initial management of multiple trauma victims, myocardial infarctions, burns, and behavioral modification counseling. Requires Family Practice residency completion and/or board certification.

Requested	Approved		Requested	Approved	
		Category III clinical privileges			h. Obstetrical Ultrasound, Limited *(Describe)*
		a. Joint Aspiration/Injection			i. Vaginal Birth After Cesarean *(VBAC)*
		b. Diagnostic Thoracentesis With or Without Biopsy			j. Dilation & Curettage
		c. Abdominal Pericentesis			k. Colposcopy, Diagnostic/Therapeutic/LEEP
		d. Bone Marrow Aspiration and Biopsy			l. Insert/Remove Norplant Device
		e. Low Forceps Delivery			m. First Assist at Major Surgical Procedures
		f. Vacuum Extraction			n. Reduction of Simple Extremity Fractures
		g. Obstetrical Anesthesia			o. Vasectomy

Category III. ***(Continued)***

Requested	Approved		Requested	Approved	
		p. Treadmill Stress Testing *(Thallium, etc.)*			
		q. Arterial Line Placement			
		r. Central Line Placement			

Category IV. Includes Categories I, II, and III.
Unusually complex or critical patient care problems or procedures with serious threat to life such as complicated myocardial infarctions, c-sections, and prolonged assisted pulmonary ventilation. Requires extensive experience beyond board certification. Consultation or supervision by a subspecialty trained physician is mandatory.

Requested	Approved		Requested	Approved	
		Category IV clinical privileges			c. Ventilator Management
		a. Pulmonary Artery Catheterization			
		b. Management of Severe Pre-eclampsia			

COMMENTS

	SIGNATURE OF PROVIDER	DATE *(YYYYMMDD)*

SECTION II - SUPERVISOR'S RECOMMENDATION

Approval as requested ☐ Approval with Modifications *(Specify below)* ☐ Disapproval *(Specify below)* ☐

COMMENTS

DEPARTMENT/SERVICE CHIEF *(Typed name and title)*	SIGNATURE	DATE *(YYYYMMDD)*

SECTION III - CREDENTIALS COMMITTEE RECOMMENDATION

Approval as requested ☐ Approval with Modifications *(Specify below)* ☐ Disapproval *(Specify below)* ☐

COMMENTS

CREDENTIALS COMMITTEE CHAIRPERSON *(Name and rank)*	SIGNATURE	DATE *(YYYYMMDD)*

EVALUATION OF CLINICAL PRIVILEGES - FAMILY PRACTICE

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER *(Last, First, MI)*	2. RANK/GRADE	3. PERIOD OF EVALUATION *(YYYYMMDD)* FROM TO
4. DEPARTMENT/SERVICE	5. FACILITY *(Name and Address: City/State/ZIP Code)*	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	CATEGORY/PROCEDURE/SKILL	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	Category I clinical privileges			
	a. Anoscopy			
	b. ECG Performance and Initial Interpretations			
	c. Basic Radiologic Interpretations *(Skull, spine, CXR, abdomen, IVP, and extremity)*			
	d. Insertion/Removal of IUD			
	e. Regional Anesthesia			
	f. Splinting/Casting/Immobilizing of Simple Fractures			
	Category II clinical privileges			
	a. Lumbar Puncture *(Adult and Child)*			
	b. Infant/Newborn Resuscitation			
	c. Vaginal Delivery *(Uncomplicated)*			
	d. Endometrial Biopsy			
	e. Circumcision *(Infant)*			
	f. Breast Mass/Cyst Aspiration			
	g. Nasopharyngoscopy			
	h. Procto-/Flexible Sigmoidoscopy			
	i. Minor Surgery			
	Category III clinical privileges			
	a. Joint Aspiration/Injection			
	b. Diagnostic Thoracentesis With or Without Biopsy			
	c. Abdominal Pericentesis			
	d. Bone Marrow Aspiration and Biopsy			
	e. Low Forceps Delivery			
	f. Vacuum Extraction			
	g. Obstetrical Anesthesia			
	h. Obstetrical Ultrasound, Limited *(Describe)*			
	i. Vaginal Birth After Cesarean *(VBAC)*			
	j. Dilation & Curettage			
	k. Colposcopy, Diagnostic/Therapeutic/LEEP			
	l. Insert/Remove Norplant Device			
	m. First Assist at Major Surgical Procedures			

CODE	CATEGORY/PROCEDURE/SKILL	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	n. Reduction of Simple Extremity Fractures			
	o. Vasectomy			
	p. Treadmill Stress Testing *(Thallium, etc.)*			
	q. Arterial Line Placement			
	r. Central Line Placement			
	Category IV clinical privileges			
	a. Pulmonary Artery Catheterization			
	b. Management of Severe Pre-eclampsia			
	c. Ventilator Management			

SECTION II - COMMENTS *(Explain any rating that is "Unacceptable".)*

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE *(YYYYMMDD)*