

Anesthesiology

Name: _____

Please Print

MEDICAL STAFF CATEGORY REQUESTED:

- Active* – Active staff members shall provide service to a minimum of 48 patients in their two year appointment period; shall participate in the quality/performance management activities; and shall also provide on-call coverage for medical emergencies.
- Courtesy* - Courtesy staff members shall provide service to a minimum of 6 patients in their two year appointment period; shall be members of the active or associate staff of another hospital in which their regular participation in quality/performance management activities is documented and their performance is evaluated.
- Consulting* – Consulting staff does not have a minimum patient requirement; shall consist of members who meet the general qualifications set forth in the Bylaws; will provide limited services; and are required to practice with another fully privileged member of the medical staff.

Qualifications:

To be eligible to apply for privileges in anesthesiology, the applicant must meet the following qualifications:

- Documentation of the performance of at least 500 anesthesiology cases during the past two years; **and**
- Current certification or eligibility to participate in the examination process leading to certification in anesthesiology by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology; **and**
- Successful completion of an ACGME- or AOA-accredited four-year residency in anesthesiology, and acceptable practice in the privileges requested.

Anesthesia: All procedures are included in the Scope of Practice of an Anesthesiologist. Special Procedures require additional documentation.

- Admitting, performing history and physical exams, and assuming responsibility for the medical care of patients;
- The clinical management of general anesthesia, regional anesthetics and/or resuscitation of patient unconscious from whatever cause;
- Management of patients rendered unconscious or insensible to pain and emotional stress during surgical, and certain other medical procedures, including pre-, intra-, and
- Postoperative evaluation and treatment for patients of all ages (except for those special procedure privileges listed below);
- Management of life functions and vital organs under the stress of anesthetic, surgical, and other medical procedures;
- Management of patients with a difficult airway;
- Management of problems in pain relief; cardiopulmonary resuscitation; and

- Supervision of patients in post-anesthesia care units; except for those special procedure privileges listed below.
- The management of problems in pain relief (excluding chronic pain management); (including local anesthetics, injections of sympathetic, peripheral, epidural, central nervous system blockade and blood patches);
- Supervision of CRNA's during general, regional and local anesthesia;
- The insertion of central venous access and/or arterial catheters.

Special procedures privileges (Please indicate with a check mark the privileges requested)

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth here.

Patient Age Group	Criteria	Requested	Recommended	Not Recommended
Infants 6 months to 2 years	10 cases			

If the procedure that you are interested in is not included on this form, please provide a separate written request and appropriate documentation of training and experience.

Acknowledgement of practitioner:

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 **Harris Methodist Southlake**, and

I understand that:

(a) 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.

(b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: _____

Date: _____

Credentials Committee Recommendations: _____ **Recommend** _____ **Deny**

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Signed: _____

Date: _____