



**Sports Medicine Privileges
Department of Family Medicine**

Name: _____
(Please print)

- ' Initial privileges (initial appointment)
- ' Renewal of privileges (*reappointment, on 2 year specialty cycles*)
- ' Modification of privileges (*request for any additional privileges beyond those previously granted*)

Basic Education: MD or DO

Minimal formal training: Successful completion of an ACGME accredited primary residency followed by fellowship in sports medicine. Current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years of training completion) leading to subspecialty certification in sports medicine by the ABIM, the ABEM, the ABPMR, or the ABP, or completion of a certification of qualification by the American Board of Family Medicine, the American Osteopathic Board of Internal Medicine, the American Osteopathic Board of Family Physicians, the American Osteopathic Board of Emergency Medicine, or the American Osteopathic Board of Pediatrics

Maintenance of Basic Life Support (BLS) at a minimum.

Required current experience: Clinical ambulatory or inpatient services to at least 50 sports medicine patients, reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME accredited residency or clinical fellowship within the past 12 months.

Facility (Check ALL that are applicable to your request)				
Baroness*	Children's**	North	East	Bledsoe/Sequatchie

* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics

**Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

Core Sports Medicine Privileges:

Core privileges for sports medicine include the ability to admit, evaluate, diagnose, outpatient and clinic patients, and provide consultation and continuous care to patients of all ages for the enhancement of health and fitness and the prevention of common sports injuries and illnesses. Integration of medical expertise with other healthcare providers, including medical specialists, athletic trainers, and allied health professionals, is required. Physicians may provide care to patients in the intensive care setting in conformance with unit policies. They

may assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff regulations regarding emergency and consultative call services.

The core privileges in this subspecialty include performance of these procedures:

Provision of education and counseling regarding nutrition, strength and conditioning, ergogenic aids, substance abuse (including performance-enhancing and mood-altering drugs), and other medical problems that could affect athletes

Emergency assessment and care of acutely injured athletes

Management of medical problems in athletes

Rehabilitation of ill or injured athletes

Proper preparation for safe return to participation after an illness or injury

Joint Injections

The core privileges in this subspecialty are not limited to the diagnostic and therapeutic management approaches described previously, but would include other applicable diagnostic and therapeutic management uses that are extensions of the same techniques and skills, including performance of history and physical exam.

Special Non-Core Privileges in Sports Medicine:

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence. Noncore privileges may include:

Procedure	Baroness	Children's	North	East	Bledsoe/Sequatchie
Administration of Moderate sedation and analgesia (see below for criteria).					

Request for Privilege Not Listed in Core or Special Non-Core *(please list the privilege and provide justification as well as any accompanying certifications or case logs)*

Special Procedures Privileges Criteria
Moderate Sedation

CRITERIA – To administer Moderate Sedation

1. Basic education: MD, DO, DDS, or DMD
2. Successful completion of a post-graduate residency training program of at least three years' duration.
3. Trained in the professional standards and techniques to administer pharmacologic agents to predictably achieve either minimal or moderate sedation and monitor patients carefully in order to maintain them at either of these levels of sedation-either intentionally or unintentionally. Acceptable training may be the completion of a course offered by any local hospital or the local Medical Society. Documentation of completion is required.
4. Must be able to evaluate and document evaluation of the patient prior to performing minimal or moderate sedation.

- 5. Must be qualified to rescue patients from *deep* sedation and trained to manage a compromised airway and to provide adequate oxygenation and ventilation.
- 6. Current proof of ACLS, PALS, or ATLS
- 7. Able to demonstrate that he/she has administered minimal or moderate sedation or analgesia to at a minimum of five (5) patients during the past 12 months.

NOTE: Deep Sedation is limited to Anesthesia/CRNAs, Critical Care, and Emergency Medicine and full Anesthesia is limited to Anesthesiologists and CRNAs and is outlined in their delineation of privileges.

Department Chief Recommendation:

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

- ' Recommended as Requested
- ' Recommended with Modifications (See comments below)
- ' Not Recommended (See comments below)

Chief Comments: _____

Provider Signature

Date

Chief Signature

Date