



Atrium Health

IMPORTANT

Dear Applicant

Enclosed you will find the Delineation of Privileges Form specific to your specialty. This form reflects the minimum qualifications as outlined and approved by the Atrium Health Medical Staff.

- Please thoroughly review and select your desired clinical privileges. Check the box corresponding to the privileges that you are requesting. Applicants should only request those privileges where the criteria has been achieved.
- After you have selected your privileges, sign, date, and submit the **required documentation** for each privilege selected. (i.e. case logs, fellowship director letter, ACLS documentation)
- Where case logs are required, please include 1) Date of procedure, 2) Medical Record Number, 3) Procedure Type and 4) Privilege Number listed on the Delineation of Privileges Form.
- Privileges for which you have not selected or do not meet the minimum criteria cannot be performed.
- If you wish to perform privileges and do not have documentation of the minimum criteria requirements as outlined on the Delineation of Privileges Form, you will need to request permission to proctor through Medical Staff Services.
- Failure to return the Delineation of Privileges Form along with the required documentation will **delay** your start date.

If you have any questions or concerns, please contact the Medical Staff Services teammate assigned to your file.

**ATRIUM HEALTH
DELINEATION OF PRIVILEGES
SPECIALTY OF ORTHOPAEDIC SURGERY**

Print Name _____

	YES		NO**	I have participated in direct patient care in the hospital setting within the past two (2) years.
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****If the answer is No, please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.**

Initial appointment Reappointment Updated DOP Request for Clinical Privileges

To be eligible for core privileges in Orthopaedic Surgery, the applicant must meet the following qualifications:

- If the applicant is not currently certified in Orthopaedic Surgery by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) the applicant must:
 1. Provide documentation of successful completion of an ACGME or AOA accredited Orthopaedic Surgery residency training program, within the past five (5) years; **AND**
 2. Verification from the residency or fellowship program director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.
- If the applicant is currently certified by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopedic Surgery, the applicant must:
 1. Documentation of the performance of at least two hundred (200) Orthopaedic Surgery cases during the past two (2) years.

Print Name _____

NOTE 1: "CORE" privileges cannot be amended or altered in any way.

NOTE 2: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

Please check appropriate blocks when applying for privileges:

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	ORTHOPAEDIC SURGERY CORE PRIVILEGES
			N/A							<p>CORT-1</p> <p>Evaluate, diagnose, treat and provide consultation to patients of <u>all ages</u> to correct or treat various conditions, illnesses, and injuries of the extremities, spine, and associated structures by medical, surgical, and physical means including congenital deformities, trauma, infections, tumors, metabolic disturbances of the musculoskeletal system, deformities, injuries, and degenerative diseases of the spine, hands, feet, knee, hip, shoulder, and elbow, including primary and secondary muscular problems and the effects of central or peripheral nervous system lesions of the musculoskeletal system. These privileges also include the provision of consultation as well as the ordering of diagnostic studies and procedures related to the problem or disorder. Orthopaedic surgeons can review these Radiographic/MRI images of the musculoskeletal system and make clinical decisions based on this in emergent and non-emergent situations.</p>

Reappointment Criteria for Continued Orthopaedic Core (CORT-1) Privileges:

The Physician must submit a minimum of least one hundred (100) orthopaedic surgery cases performed during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold Orthopaedic Surgery Core privileges who are unable to document the minimum number of elements will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	ROBOTIC ASSISTED SURGERY	Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A							<p>Must apply for and maintain Orthopaedic Surgery Core Privileges (CORT-1)</p> <p>CORT-1a Robotic Assisted Surgery</p>	See criteria below		

Print Name

CORT-1a: ROBOTIC ASSISTED SURGERY

1. Provide documentation of successful completion of an ACGME or AOA accredited Residency or Fellowship program where robotic assisted surgery was included in the training; **AND**
2. Provide verification from the Residency or Fellowship program director that the Applicant has been trained in the use of the robotic surgical system and has proficiently performed at least three (3) cases within the past two (2) years. The request for privileges must be specific to the robotic surgical system on which training occurred. **OR**
2. Completion of a device manufacturer course specific to the robotic surgical system for requested privileges. The course must include either three (3) proctored or cadaveric training cases; **OR**
2. Proof of competency in use of specific robotic system for requested privileges (e.g. letter of support from Department Chief). Documentation of successful completion of at least three (3) robotic-assisted surgeries within the past two (2) years. **OR**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privilege. You request permission to proctor Medical Staff Services and provide documentation of proctoring for three (3) robotic-assisted surgeries.

REAPPOINTMENT CRITERIA FOR MAINTENANCE OF PRIVILEGES (CORT-1): The physician must perform two (2) procedures over a two (2) year period to be eligible to reapply for Robotic Assisted Surgery privileges. This will be reviewed at the time of the physician's reappointment.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	CORE ORTHOPAEDIC SURGERY PRIVILEGES – REHABILITATION HOSPITAL SETTING ONLY	
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	CORT-2	Privileges include evaluation, assessment, diagnosis, consultation and management, and performance of minor surgical procedures, to patients with physical and/or cognitive impairments and disability, in conjunction with the comprehensive rehabilitation goals and treatment plans.

PRIVILEGES REQUESTED BY:

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 Atrium Health 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.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

Signature

Date

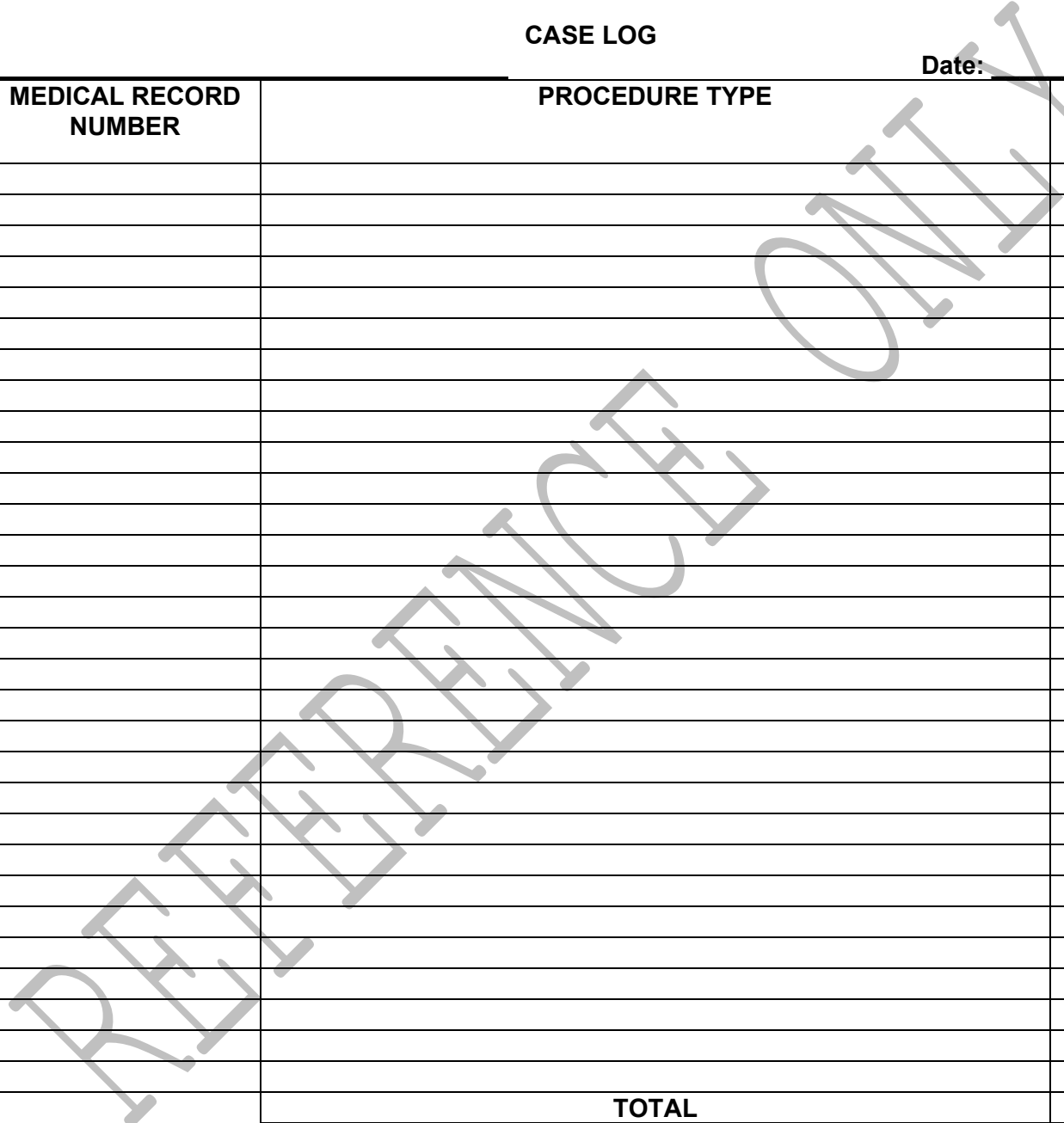
Print Name
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CASE LOG

Physician's Name: _____

Date: _____

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CORT-1)
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			TOTAL	



REFERENCE ONLY