



Printed Name

Clinical Privileges Profile Neurology

Kettering Medical Center System

Kettering Medical Center Sycamore Medical Center

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Clinical Service Chief: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

- Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR NEUROLOGY

To be eligible to apply for core privileges in adult neurology, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in neurology.

AND

Current certification or active participation in the examination process with achievement of certification within six years leading to certification in neurology by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.

Required previous experience: Applicants for initial appointment must be able to demonstrate provision of neurological services, reflective of the scope of privileges requested, to at least 24 inpatients during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in adult neurology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES

NEUROLOGY CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, treat, and provide consultation to patients with diseases, disorders or impaired function of the brain, spinal cord, peripheral nerves, muscles, and autonomic nervous system, including their coverings, blood vessels, and other effector tissue, such as muscle. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

QUALIFICATIONS FOR VASCULAR NEUROLOGY

To be eligible to apply for core privileges in vascular neurology, the initial applicant must meet the following criteria:

Successful completion of an ACGME- or AOA-accredited residency in neurology or child neurology and successful completion of an ACGME-accredited fellowship in vascular neurology.

AND

Current certification or active participation in the examination process with achievement of certification within six years leading to subspecialty certification in vascular neurology by the American Board of Psychiatry and Neurology.

Required previous experience: Applicants for initial appointment must be able to demonstrate performance of at least 25 vascular neurology procedures, reflective of the scope of privileges requested, during the past twelve (12) months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in vascular neurology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES

VASCULAR NEUROLOGY CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, treat, and provide consultation to patients with selected neurological disorders involving the central nervous system due to ischemia or hemorrhage using a combination of clinical evaluation, imaging, interventional techniques, and medication. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

CLINICAL NEUROPHYSIOLOGY DIAGNOSTIC STUDIES

Criteria: Successful completion of a postgraduate training program in which clinical neurophysiology was included, or subspecialty certification in clinical neurophysiology by the American Board of Psychiatry and Neurology.

Required previous experience: Demonstrated current competence and evidence of the performance of clinical neurophysiology diagnostic studies in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance of clinical neurophysiology diagnostic studies in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

- Requested** Including but not limited to autonomic testing, EEG interpretation, somatosensory-evoked responses, auditory-evoked responses, continuous video EEG monitoring or operative monitoring for neurosurgery and orthopedic cases, and visual-evoked responses.

ADMINISTRATION OF SEDATION AND ANALGESIA

- Requested** See Hospital Policy for Moderate Sedation

CORE PROCEDURE LIST

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date.

Neurology

1. Autonomic testing
2. Lumbar puncture
3. Perform history and physical exam

Vascular Neurology

1. Administering a rehabilitation program for stroke patients
2. Consulting with other medical professionals in the overall care and management of stroke patients
3. Emergency treatment of acute stroke including thrombolytic therapy
4. Perform history and physical exam

5. Use of medical therapies for stroke prevention
6. Use of transcranial doppler and other ultrasound techniques in patient evaluation

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 Hospital, 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 situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature: _____ **Date:** _____

CLINICAL SERVICE CHIEF'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Clinical Service Chief Signature: _____ **Date:** _____

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee action **Date:** _____

Medical Executive Committee action **Date:** _____

Board of Directors action **Date:** _____