

UNIVERSITY HOSPITAL AND HEALTH SYSTEM
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
2500 North State Street, Jackson MS 39216

SPORTS MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 1

- ☐ Initial Appointment
- ☐ Reappointment

All new applicants must meet the following requirements as approved by the governing body effective: 4/3/2013.

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.

Service Chair: 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/or 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 and/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 governance (MS Bylaws, Rules and Regulations) organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR SPORTS MEDICINE

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

Subspecialty certification in sports medicine by the American Board of Family Medicine, American Board of Internal Medicine, American Board of Pediatrics, American Board of Emergency Medicine, American Board of Physical Medicine and Rehabilitation, American Osteopathic Board of Family Physicians, or American Osteopathic Board of Internal Medicine

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in family medicine, internal medicine, pediatrics, emergency medicine, or physical medicine and rehabilitation followed by successful completion of an accredited fellowship in sports medicine; and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to subspecialty certification in sports medicine by the American Board of Family Medicine, American Board of Internal Medicine, American Board of Pediatrics, American Board of Emergency Medicine, American Board of Physical Medicine and Rehabilitation, American Osteopathic Board of Family Physicians, or American Osteopathic Board of Internal Medicine.

UNIVERSITY HOSPITAL AND HEALTH SYSTEM
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
2500 North State Street, Jackson MS 39216

SPORTS MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 2

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of clinical ambulatory or inpatient services, reflective of the scope of privileges requested, to a sufficient volume of sports medicine patients during the past 24 months or demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Reappointment Requirements: To be eligible to renew core privileges in sports medicine, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume (sports medicine patients) 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. Medical Staff members whose board certificates in sports medicine bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

CORE PRIVILEGES

SPORTS MEDICINE CORE PRIVILEGES

- ☐ **Requested** Admit, evaluate, diagnose, consult and provide care to patients of all ages with common sports injuries and illnesses. Integration of medical expertise with other healthcare providers, including medical specialists, athletic trainers and allied health professional. Provide 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. 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.

UNIVERSITY HOSPITAL AND HEALTH SYSTEM
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
2500 North State Street, Jackson MS 39216

SPORTS MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 3

CORE PROCEDURE LIST

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

- Arthrocentesis, and joint and tendon injection
- Perform history and physical exam
- Prevention, diagnosis, treatment, management, and disposition of common sports injuries and illnesses
- Management of medical problems in the athlete
- Rehabilitation of the ill or injured athlete
- Proper preparation for safe return to participation after an illness or injury
- Integration of medical expertise with other healthcare providers, including medical specialists, athletic trainers and allied health professionals
- Counsel, educate, and evaluate physical fitness and healthy lifestyles
- Splinting and casting of minimally displaced fractures and dislocations
- Order respiratory services
- Order rehab services
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods

UNIVERSITY HOSPITAL AND HEALTH SYSTEM
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
2500 North State Street, Jackson MS 39216

SPORTS MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 4

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 for which I wish to exercise at University Hospital and Health System, University of Mississippi Medical Center, 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.

Signed _____ **Date** _____

DIVISION CHIEF'S RECOMMENDATION (AS APPLICABLE)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I 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

Division Chief Signature _____ **Date** _____

UNIVERSITY HOSPITAL AND HEALTH SYSTEM
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
2500 North State Street, Jackson MS 39216

SPORTS MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 5

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I 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

Department Chair Signature _____ ***Date*** _____

Reviewed:

Revised:

2/3/2010, 9/17/2010, 10/5/2011, 12/16/2011, 4/3/2013