



**Podiatry/Podiatric Medicine and Surgery
Department of Orthopedics – Special Conditions Category**

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*)

DEFINITION

A podiatrist is one who examines, diagnoses or treats medically, mechanically or surgically, the ailments of the human foot, include the use and prescribing of drugs and medications, but excluding the direct application of general anesthesia and the amputation of the foot. (As defined by the State Board of Medical Examiners, Chapter 3, Section 63.3-101.)

Basic Education: DPM

Minimal formal training: Graduation from an approved school of podiatric medicine approved by the Council of Podiatric Medical Education. As a minimum, board eligible or certified by the American Board of Podiatric Surgery. Additional educational requirements exist and are outlined in and dependent upon the class of clinical privileges requested. Maintenance of Basic Life Support (BLS) training.

Required current experience: At least 50 procedures reflective of the scope of privileges requested, during the past 12 months or successful completion of a CPME-accredited training program 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 PODIATRY/PODIATRIC MEDICINE AND SURGERY CLINICAL PRIVILEGES:

A podiatrist with core clinical privileges may, *with the concurrence of an Active or Provisional member of the Medical Staff*, initiate the procedure for admitting patients of all ages. NOTE: The concurring Medical Staff member will assume responsibility for the overall aspects of the patient's care throughout the hospital stay, including performing and recording the medical history and physician examination and recording a medical discharge summary. Patients admitted to the hospital for podiatric care must be given the same appraisal as patients admitted for other services. The physician supervision continues until the discharge of the patient. The physician member of the Medical Staff is responsible for the care of any medical problem that may be present or that may arise during the hospitalization of podiatric patients.

All podiatrists, who meet the basic qualifications, may:

- Obtain podiatric history and physical examination and will be responsible for all appropriate elements of the patient's record.
- Write orders within the scope of his/her license.

Special Non-Core Privileges in PODIATRY/PODIATRIC MEDICINE AND SURGERY:

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. The applicant, in addition to basic qualifications, must demonstrate: Completion of at least one (1) year of an approved residency program and must be board certified. Competent performance of at least 50 procedures is required. Noncore privileges include:

Procedure	Baroness	Children's	North	East	Bledsoe/Sequatchie
Fulguration of verrucae					
Curettage of verrucae					
Excision of verrucase					
Avulsion of toenail					
Onychoplasty					
Subungual exostosectomy					
Plantar lesion - skin					
Tendon slide (digital)					
Phalangectomy					
Tendon lengthening – digital					
Foreign bodies - forefoot					
Terminal Syme (lesser digits)					
Conservative (non-operative) treatment of the diabetic foot					
Digital Amputation up to the Metatarsal Phalangeal					
Bunionectomy					
Tenotomy – digital tendon (extensor flexor)					

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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)*

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

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