

**Harris Methodist Southlake  
Center for Diagnostics and Surgery**

**Core Privileges for Surgical Physician Residents**

Name: \_\_\_\_\_

Please indicate with a check mark the privileges requested.

**Qualifications**

To be eligible for core privileges as a Surgical Resident, the applicant must meet the following qualifications:

- Must be a practitioner who is currently enrolled in a graduate medical education program approved by the Medical Executive Committee and the Governing Board.

and

- Licensed (includes temporary) by the Texas State Board of Medical Examiners;

and

- Documentation of a training relationship with an approved supervising physician who is a member of the Harris Methodist Southlake Medical Staff

       **Core Privileges**

Privileges to evaluate and assist supervising physician in pre- and postoperative surgical care; to include patient teaching, order acceptance and transcription, catheterization, IV start, and documentation in patients' chart. All documentation to be co-signed within 24 hours.

- Make patient rounds that cannot be in lieu of supervising physician
- Record own observations, assessments, note or records in the physician's progress notes; cannot be in lieu of supervising physician's daily visit & documentation of same; all entries must be validated and countersigned by a supervising physician within 24 hours.
- Accept & transcribe verbal orders only as dictated by the supervising physician; must be countersigned by the supervising physician within 24 hours
- Dictate Discharge Summary to be reviewed and countersigned by supervising physician
- Gather and document historical and physical information that may serve as the basis for the history and physician, by order of the supervising physician and to be countersigned within 24 hours. Initial impression, assessment and recommended treatment plan must be performed and documented by the supervising physician either by dictation or in handwritten form.
- Provide and document discharge instructions, must be countersigned by the supervising physician within 24 hours.
- Start IV's

       **Surgical Core Privileges**

Privileges to assess patients pre- and postoperatively; assist supervising physician in intra-operative procedures, and subcutaneous or skin closure; to include knowledge of sterile technique, positioning, draping, appropriate counting procedures and instrumentation assistance. All documentation to be co-signed within 24 hours.

- Catheterize urinary bladder
- Prep patient for procedure (clipping, positioning & draping); surgeons are required to mark surgical sites prior to surgery and in accordance with hospital policy
- Pass instrumentation
- Suction/sponge surgical field

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- Retraction
- Clamp, suture, apply cautery
- Apply/remove drains, packing, dressings & badges
- Wound closure in hospital setting, subcutaneous or skin only;
- Remove sutures/staples

**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 **Harris Methodist Southlake**, and

I understand that in exercising any privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Credentials Committee Recommendations:** \_\_\_\_ Recommend \_\_\_\_ Deny

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Recommended/Not recommended with the following modification(s) and reason(s):**

\_\_\_\_\_  
\_\_\_\_\_

**As the supervising physician, by my signature I attest that this applicant has been trained and is currently competent to perform the privileges requested above.**

\_\_\_\_\_  
Supervising Physician Date

\_\_\_\_\_  
Supervising Physician Date

\_\_\_\_\_  
*Printed name of Supervising Physician Date*

\_\_\_\_\_  
*Printed name of Supervising Physician Date*

*Approval of Form:*

*Credentials Committee  
Medical Executive Committee November 14, 2007  
Board of Trustees December 5, 2007*