

**PROVIDENCE SAINT JOSEPH MEDICAL CENTER
DEPARTMENT OF GENERAL AND FAMILY PRACTICE
RULES AND REGULATIONS**

I. MEMBERSHIP

The General and Family Practice Department shall consist of professionally competent physicians who specialize in General and/or Family Practice and are assigned to the Department by the Credentials Committee.

Membership in the General/Family Practice Department shall be open to physicians able to demonstrate abilities and competency in the specialty of General and Family Practice, and who provide quality, continuing care for their patients.

All members of the General and Family Practice Department as of June 30, 2002, shall continue as members. Applicants to the Department of General and Family Practice after June 30, 2002, shall be board certified or active applicants to the American Board of Family Practice or to the American Osteopathic Board of Family Practice.

Members of the General/Family Practice Department with specific privileges work under the jurisdiction of other clinical departments and are subject to the rules and regulations therein. However, all correctional or disciplinary problems concerning members of the General/Family Practice Department are to be referred to the General and Family Practice Department.

II. ORGANIZATION

The General/Family Practice Department shall be supervised by the General/Family Practice Chairman. The Chairman of the Department will appoint liaison representatives to attend meetings of clinical departments and other committees, as necessary.

III. PRIVILEGES

Privileges will be granted on the basis of training, licensure, certification, competence, ability, judgment, and health. Members of the Department may apply for general privileges to the General/Family Practice Department. The Chairman will evaluate the applicant's credentials qualifications, and medical competence for the privileges requested and make recommendations to the Credentials Committee.

Initial privileges for new Professional Staff members, or current Staff members applying for general privileges, will be supervised. They are subject on ongoing review until an adequate number of cases have been reviewed to make recommendations regarding change to regular privileges or termination of supervised privileges.

Members may apply to each of the clinical departments (except for Professional Services) for specific privileges. The evaluation of the application for these privileges, recommendations of scope of supervised privileges to be granted, evaluation of performance, and final recommendation regarding scope of regular specific privileges shall be the responsibility of each clinical department to which the member applies in accordance with requirements as outlined in their respective departmental rules and regulations.

IV. PROCTORING

All physicians with supervised privileges in the department shall be subject to a period of observation. Proctoring for General and Family Practice privileges (admission, discharge, write orders, complete history and physical examinations, participate in ongoing care) will continue for a minimum of three (3) cases, or until an adequate number of cases have been completed. It is the responsibility of the appointee to contact a proctor. At least two proctors should participate in evaluating one appointee. Members of the Department will act as proctors when requested and complete and return the proctor card to the Professional Staff Office. The proctor will follow the appointee's case until discharged from his care. Members with privileges in other departments shall be subject to the proctoring requirements as outlined in the respective departmental rules and regulations.

Definitions:

The following definitions will be used in these Rules & Regulations in regard to proctoring:

Prospective Proctoring - Review by the proctor of either the patient's chart or the patient personally before treatment. This type of proctoring may be used if the indications for a particular procedure are difficult to determine or if the procedure is particularly risky.

Concurrent Proctoring - When the proctor actually observes the physician's work. This is usually used for invasive procedures so that the medical staff has first-hand knowledge necessary to satisfy itself that the physician is competent:

Retrospective Proctoring - Involves a retrospective review of patient charts by the proctoring physician. Retrospective review is usually adequate for proctoring of non-invasive procedures. (MEC 4/18/06)

V. REAPPOINTMENT

Each member of the Department will be reviewed for reappointment as set forth in the Professional Staff Bylaws (Article III, Section 5). The Chair will be responsible for evaluating professional activity, professional performance and judgment, participation in departmental and educational activities, information from other departments and committees regarding evaluation and disciplinary actions, professional and health capacity to continue quality of medical care, and for making recommendations to the Credentials Committee regarding continuation or modification of membership and privilege status. As set forth in the Professional Staff General Rules and Regulations (page 4, Current Clinical Competency at Time of Appointment/ Reappointment"), if at the time of reappointment the individual's activity level is not sufficient to determine current clinical competency, documentation must be provided with respect to CME, clinical activity at other facilities and/or reference verification from three practitioners.

VI. DEPARTMENTAL MEETINGS

Department meetings shall be scheduled by the Chairman of the Department as often as necessary in order to discuss departmental and Staff functions, and to participate in patient care evaluation and educational programs. The Chairman is authorized to act on behalf of the Department in the interim between meetings. The department may communicate with its departmental members by mail, via the Staff newsletter, educational conferences, or other appropriate means.

Attendance at department meetings shall be considered in accordance with the Bylaws of the Professional Staff.

VII. CONSULTATION

Consultation is recommended for critically ill patients and in situations where diagnosis or management is in question. The Chairman of the Department may recommend or require consultation where it appears advisable in the interest of patient care. Members with privileges in other clinical departments will abide by the consultation requirements of those departments as well.

VII. MEDICAL RECORD POLICIES

Timely compliance will be expected of all members of the General/Family Practice Department as outlined in the General Rules and Regulations.

VIII. RESOURCE REVIEW/CASE MANAGEMENT

Members shall cooperate with the patient review process performed by the Medical Center. In cases of disagreement, the General/Family Practice Department Chairman will review the case at the request of the attending physician. The Utilization Review Committee will refer special problems of General/Family Practice Department for information and, when indicated, action.

Behzad Souferzadeh, DO
Chairman, Department of General and Family Practice

Manzar S. Kuraishi, M.D.
Chief of Staff

Karl Keeler
Chief Executive