



# Banner Good Samaritan Medical Center

Phoenix, Arizona

## Department of Family Medicine

Rules and Regulations

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### **ARTICLE I**                    **Organization**

#### **Section 1**

In accordance with the Bylaws of the Medical Staff of Banner Good Samaritan Medical Center (BGSMD), the Department of Family Medicine is organized as a department of the Medical Staff.

#### **Section 2**

The Department of Family Medicine will be directed by the Family Medicine Committee.

#### **Section 3**

The chairman of the department will chair the Family Medicine Committee. The chairman of the department will be elected by the Active Staff members of the department for a two-year term, in accordance with Article 8 of the Medical Staff Bylaws. The chairman shall appoint a vice-chairman of the department.

### **ARTICLE II**                    **Functions and Duties**

#### **Section 1**

The Chairman's functions and duties are outlined in Section 8.5-5 of the Medical Staff Bylaws

#### **Section 2**

The vice chairman will be responsible for administration of the department in the absence of the chairman.

#### **Section 3**

Qualifications, selection, term of office and removal of the Chairman are outlined in Sections 8.5-1 through 8.5-4 of the Medical Staff Bylaws.

### **ARTICLE III**                    **Miscellaneous Provisions**

#### **Section 1 - Meetings**

Information regarding meetings is outlined in Section 10.2 of the Medical Staff Bylaws.

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All Family Medicine staff members may attend the General Session of the Family Medicine Committee meetings. The Family Medicine Chairman shall appoint those members of the department who will attend the Executive Session of the meetings.

### Section 1 – Meetings (Continued)

House Staff (Residents) may attend the General Session of committee meetings as Ex Officio members without voting rights and may not hold elected office. The Residency Director or their designee will notify the Chairman with the Resident for each academic year.

### Section 2 – Attending Staff Responsibilities

Information regarding Admitting and Discharge, Orders, Consultations and Surgical Cases including documentation requirements are outlined in the Medical Staff Rules and Regulations.

### Section 3 - E.R. Call List

Family Medicine no-doc emergency room call **rotation** is **not** mandatory for members of the Family Medicine Department. **(3/15/07 Board)**

### Section 4 - Committee Assignments

Members of the department are expected to fulfill obligations created by membership on this and other staff committees.

### Section 5 – Criteria for Teaching Privileges

- a. Teaching attendings must be approved by the Residency Advisory Committee, through the Residency Program, with reporting through the Family Medicine Department. Physicians must request teaching privileges (see below) by contacting the Family Medicine Residency Program and sign the Family Medicine Teaching Service Agreement. Teaching Attendings are expected to communicate directly with house staff regarding admission, diagnosis work-up, therapeutic management and discharge plans. They are expected to write meaningful progress notes in addition to those written by the house staff. They are expected to maintain primary responsibilities for patient care, directing and educating the house staff in appropriate management.
- b. Departmental recognition as a member of the teaching staff is necessary to admit patients to the teaching service.
- c. Attendings will interact with Residents daily through chart notes, verbal discussion, and/or medical literature. They will document their own evaluation of the patient daily.
- d. Attendings will call the admitting resident to discuss the patient prior to the admission to facilitate triage and care.  
EXCEPTION: If the patient is admitted through the emergency department, the resident may discuss the case with the emergency physician then call the attending after the patient has been evaluated.  
NOTE: Residents are not responsible for evaluating private patients in the ER unless admission has already been determined.
- e. Attendings will discuss discharge planning on all cases.
- f. Attendings will complete evaluations on Residents monthly. Attendings will be evaluated by Residents monthly.

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- g. Residency teaching staff may make bedside rounds on private attending patients of clinical interest.
- h. Attendings need to be available through office or directory at all times: usually immediately, always within 30 minutes. Physicians covering call may not admit to teaching if they are not recognized members of the teaching staff, although they may cover patients on weekend or evening call.
- i. Attendings need to acquire three (3) hours of education in teaching skills every two (2) years. A 1-year grace period is allowable.
- j. Attendings are encouraged to perform ancillary teaching yearly, including any of the following: office precepting, 3rd-party rounds, inpatient teaching rounds, noon conference, Residents in private offices.
- k. The teaching service will be limited to no more than a total of 24 patients at any time.
- l. Performance of teaching service Attendings and Residents will be discussed regularly by the Family Medicine Residency Advisory Committee. Any problems, which arise between the teaching Attending and the House Staff, should be brought to the attention of the director of Family Medicine. Three violations of the above conditions will result in a due-process review by this committee with possible probation or suspension of teaching privileges.

### Section 6 - Appointment Procedure

#### a. Membership

##### Family Medicine

Physicians applying for Family Medicine Department membership and privileges must apply to the Medical Staff as prescribed in the Bylaws. To be eligible for Family Medicine Department privileges, applicants must:

- Have completed a Family Medicine residency training program and completed a minimum of three years post-graduate training, and
- Be board certified or previously certified by the American Board of Family Medicine, the American Osteopathic Board of Family Medicine, or the Canadian Board of Family Medicine.

or

- Be board admissible (meet current requirements for admission to the certifying examination) by the American Board of Family Medicine, the American Osteopathic Board of Family Medicine, or the Canadian Board of Family Medicine. Those applicants granted membership on the basis of admissibility must become certified within five years of completion of residency training. Applicants who fail to obtain certification within the five year time period shall lose their privileges in the Department of Family Medicine.
- Those applicants not meeting this requirement will be considered for general practice (consulting) category only.

The applicants who meet the criteria for membership may then apply to the Department of Family Medicine by submitting required data and completing the "Delineation of Privileges" form and, for those seeking major surgical and Ob/Gyn privileges, a "Delineation of Privileges" form for those departments. Proof of training and/or clinical experience in major surgical or Ob/Gyn procedures performed will be required in the form of letters of qualification and copies of operative reports.

##### General Practice

The subsection of General Practice is solely for the physician who is clearly engaged in General Practice, meets the requirements for membership set forth in the Bylaws, but does not meet the requirements for full

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membership in the Family Medicine Department. Physicians with General Practice privileges are appointed to the Consulting Staff Category in General Practice. They may review patient charts, surgically assist, and write progress notes. They may not write orders or admit.

#### b. Application

1. A physician desiring privileges in the Department of Family Medicine will apply for staff membership in accordance with the Credentialing Procedures Manual of the Medical Staff Bylaws.
2. The applicant's credentials will be reviewed by the Credentials Committee and if found to be in satisfactory order will be submitted to the Family Medicine Committee for review. In addition to reviewing the applicant's credentials, the Family Medicine Committee will recommend to the Executive Committee privileges under supervision as indicated.
3. Applicants who meet the requirements for full privileges in Family Medicine will have a one year provisional period for observation of clinical competency.

#### c. Provisional Period

Pursuant to the Medical Staff Bylaws, all new members of the Medical Staff are provisional members for a period of twelve (12) months following the granting of their privileges. A minimum of four (4) cases or patient contacts will be reviewed prior to moving to another category. In cases where there are not a minimum of four (4) cases or patient contacts completed in the provisional period, other data including peer competencies and/or case logs, will be required to determine current clinical competency. Failure to satisfy any of these requirements within the provisional period may result in the loss of medical staff membership and privileges.

#### d. Supervision

If obstetrical privileges are requested, an additional five (5) obstetrical cases are to be performed at BGSMC with concurrent review by an approved Ob/Gyn or Family Medicine physician with unsupervised Ob privileges. Supervision may be waived for Ob privileges if the physician trained at BGSMC and has an additional letter of support from the residency training program.

- Applicants are responsible for notifying the supervisor at the time of admission of the patient. The supervising physician will be expected to review the case in a timely manner.
- Applicants under supervision must complete the record history and physical examination, write orders, progress notes, and discharge summary; i.e., the house staff or other physicians, except a consultant, must not be significantly responsible in diagnosis and treatment of the patient.
- All physicians under supervision in the Department of Family Medicine will be given 12 months in which to complete their supervision requirements. If supervision is not complete within this time period, the applicant may be dropped from staff as provided for in the Bylaws.

#### Approvals:

Family Medicine Committee	Date	10-12-90
Executive Committee	Date	10-22-90
Board of Directors	Date	11-06-90

Family Medicine Committee	Date	04-12-91
Executive Committee	Date	04-22-91
Board of Directors	Date	05-07-91

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### Approvals: (Continued)

Family Medicine Committee	Date	02-12-93
Executive Committee	Date	02-22-93
Board of Directors	Date	03-09-93
Family Medicine Committee	Date	09-10-93
Executive Committee	Date	09-27-93
Board of Directors	Date	10-12-93
Family Medicine Committee	Date	01-10-97
Executive Committee	Date	01-27-97
Board of Directors	Date	02-11-97
Family Medicine Committee	Date	07-08-98
Executive Committee	Date	08-24-98
Board of Directors	Date	09-15-98
Family Medicine Committee	Date	11-11-98
Executive Committee	Date	11-21-98
Board of Directors	Date	12-15-98
Family Medicine Committee	Date	04-11-01
Executive Committee	Date	04-23-01
Board of Directors	Date	05-22-01
Family Medicine Committee	Date	10-10-01
Executive Committee	Date	11-19-01
Board of Directors	Date	12-20-01
Family Medicine Committee	Date	08-14-02 and 10-09-02
Executive Committee	Date	10-28-02
Board of Directors	Date	11-21-02
Family Medicine Committee	Date	06-11-03
Executive Committee	Date	08-18-03
Board of Directors	Date	09-18-03
Family Medicine Committee	Date	06-14-2006
Executive Committee	Date	06-26-2006
Board of Directors	Date	07-20-2006
Family Medicine Committee	Date	02/14/2007
Executive Committee	Date	02/26/2007
Board of Directors	Date	03/15/2007
Family Medicine Committee	Date	12/08/2010
Executive Committee	Date	01/24/2011
Board of Directors	Date	02/10/2011