



Medicine - Gastroenterology KHHM

Delineation of Privileges

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation.
5. 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 doubts related to qualification of requested privileges.

Note:

Privileges granted may only be exercised at the site(s) and 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 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 organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Required Qualifications

Education/Training	Must have successfully completed an ACGME/AOA-accredited fellowship in Gastroenterology.
Certification	The applicant physician must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.
Clinical Experience (Initial)	The successful applicant for initial appointment must provide documentation of provision of care, reflective of the scope of privileges requested, for at least 100 patients during the past 12 months, or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship or research in a clinical setting within the past 12 months.
Clinical Experience (Reappointment)	To be eligible to renew core privileges in Gastroenterology, the applicant must demonstrate competence and an adequate volume 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.

Primary Privileges Gastroenterology

Description: Core Privileges include Admit, evaluate, diagnose, treat, and provide consultation to patients with diseases, injuries, and disorders of the digestive organs, including the stomach, bowels, liver, and gallbladder and related structures, such as the esophagus and pancreas, including the use of diagnostic and therapeutic procedures using endoscopes to see internal organs. Assess, stabilize, and determine disposition of patients with emergent. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i></p>	Dept Chair Rec
	Admit and manage patients in non-critical care and unmonitored settings	
	Perform History and Physical Examinations	
	Consultation privileges in Gastroenterology	
	Argon plasma coagulation (APC)	
	Biopsy of the mucosa of esophagus, stomach, small bowel, and colon	
	Breath test performance and interpretation	
	Capsule endoscopy	
	Colonoscopy with or without polypectomy	
	Diagnostic and therapeutic EGD	
	Endoscopic mucosal resection	
	Enteral and parenteral alimentation	
	Esophageal dilation	
	Esophageal or duodenal stent placement	
	Esophagogastroduodenoscopy to include foreign body removal, stent placement, or polypectomy	
	Flexible sigmoidoscopy	
	Gastrointestinal motility studies and 24 hour pH monitoring	
	Interpretation of gastric, pancreatic, and biliary secretory tests	
	Nonvariceal hemostasis (upper and lower)	
	Percutaneous endoscopic gastrostomy	
	Percutaneous liver biopsy	
	Proctoscopy	
	Sengstaken/Minnesota tube intubation	
	Snare polypectomy	
	Spyglass choledochoscopy	
	Variceal hemostasis (upper and lower)	

Endoscopic Retrograde Cholangiopancreatographies (ERCP)

Qualifications

Education/Training Successful completion of an ACGME or AOA accredited program in gastroenterology that included training in ERCEP of a minimum 200 procedures (including 40 sphincterotomies and 10 stent placements).

Clinical Experience (Initial) Demonstrated current competence and evidence of the performance of at least 25 therapeutic ERCP procedures (20 sphincterotomies and 5 stent placements) in the past 12 months.

Clinical Experience (Reappointment)

Demonstrated current competence and evidence of the performance of at least 25 therapeutic ERCP procedures (20 sphincterotomies and 5 stent placements) in the past 12 months.

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Endoscopic Retrograde Cholangiopancreatographies (ERCP)	

Endoscopic Ultrasound

Qualifications

Education/Training

Successful completion of an ACGME or AOA accredited program in gastroenterology that included training in EUS or direct supervised training of a minimum 150 supervised cases, of which 75 should be pancreaticobiliary and 50 EUS-guided FNA.

Clinical Experience (Initial)

Demonstrated current competence and evidence of the performance of at least 25 EUS procedures (10 pancreaticobiliary and 5 EUS guided FNA) in the past 12 months.

Clinical Experience (Reappointment)

Demonstrated current competence and evidence of the performance of at least 50 EUS procedures (20 pancreaticobiliary and 10 EUS-guided FNA) in the past 24 months.

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Endoscopic Ultrasound	

Special Privileges Gastroenterology

Description: The below special privileges are not routinely part of the post-graduate training program. Additional proof of training and/or experience may be necessary to request the privilege and is noted within the privilege block. If documentation is required, please submit all required elements with your application/reapplication.

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Special Privileges Gastroenterology	

Laser

Description: Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or provide documentation appropriate to the specific laser to be utilized. Practitioner agrees to limit practice to only the specific laser types for which they have been provided documentation of training and experience.

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i></p>	Dept Chair Rec
	Laser	

Fluoroscopy

Description: All practitioners requesting fluoroscopically-guided procedures at this hospital are required to take a competency assessment examination prior to being granted these privileges. Practitioners may submit documentation of competency from another hospital for consideration by the Radiology Department Chair. Please contact the Medical Staff Office.

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i></p>	Dept Chair Rec
	Fluoroscopy	

Mild/Moderate Sedation

Description: Moderate Sedation (Requires written examination - please contact Medical Staff Office) Current ACLS certification is also required.

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i></p>	Dept Chair Rec
	Mild/Moderate Sedation	

Acknowledgment of Applicant

I hereby request the clinical privileges as indicated. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in performance of the privileges I have requested, and in treating associated diseases with adequate consultation when indicated.

I recognize that in emergency situations where immediate life-saving action is necessary, any member of the medical staff is authorized to perform such life-saving treatment as may be required.

I further understand that any and all privileges granted me shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Credentials and Executive Committees of the medical staff and the Board of Trustees of the hospital reserve the right to grant or limit my privileges in accord with my continuing performance in

rendering patient care.

Practitioner's Signature

Date

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Additional Comments

Signature of Department Chair/Designee

Date