



Medicine - Internal Medicine 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 residency in Internal Medicine. |
| 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 provision of care of at least 30 inpatients, reflective of the scope of privileges requested, in 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 Internal Medicine, the applicant must demonstrate current competence and an adequate volume of experience (12 inpatients) 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 Internal Medicine

Description: Core Privileges include: Admit, evaluate, diagnose, treat, and provide consultation patients with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, and genitourinary systems. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. 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 | <i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i> | Dept Chair Rec |
|---------|---|----------------------|
| | Admit and manage patients in non-critical care and unmonitored settings | |
| | Admit and manage patients in ICU and other monitored settings | |
| | Perform History and Physical Examinations | |
| | Consultation privileges in Internal Medicine. | |
| | Diagnostic interpretation of electrocardiograms | |
| | Diagnostic interpretation of routine laboratory and radiographic studies | |
| | Incision and drainage of an abscess | |
| | Pap smear and endocervical culture | |
| | Removal of skin lesions | |

Special Non-Core Procedures Internal Medicine

Qualifications

Education/Training The following require submission of certification of clinical competence by program director/department chair and/or evidence of performance of 5 cases.

Note If unable to provide evidence and would like to be proctored for these procedures, please indicate such so that you may be put on an established focused professional practice evaluation plan.

| Request | <i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i> | Dept Chair Rec |
|---------|---|----------------------|
| | Abdominal paracentesis | |
| | Arthrocentesis and joint injections | |
| | Endotracheal intubation (also requires documentation of ACLS) | |
| | Insertion and management of central venous catheters, and arterial lines | |
| | Lumbar Puncture | |
| | PICC or Central Line Insertion w/ ultrasound | |
| | Thoracentesis | |

Special Privileges Internal Medicine

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 Internal Medicine | |

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

| | | |
|--|-------------|--|
| | Fluoroscopy | |
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Mild/Moderate Sedation

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

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|----------------|--|-------------------------------|
| Request | Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i> | 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):

| | | |
|--|---|--|
| | Recommend all requested privileges | |
| | Do not recommend any of the requested privileges | |
| | Recommend privileges with the following conditions/modifications/deletions (listed below) | |

| Privilege | Condition/Modification/Deletion/Explanation |
|-----------|---|
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| Additional Comments |
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Signature of Department Chair/Designee

Date