



Internal Medicine KHDO
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	
Membership	I request the following clinical privileges, and I am aware that a denial of privileges relating to a practitioner's professional competence or professional conduct will result in the hospital submitting a report to the National Practitioner Data Bank.
Certification	The applicant, in requesting privileges in Internal Medicine, must provide evidence that he/she has successfully completed residency training in an AOA- or AMA-approved program in Internal Medicine and is considered to be board eligible or board certified. Current ACLS certification is required.
Clinical Experience (Initial)	Initial application shall be accompanied by documentation of such training, including academic and clinical education, as well as verification of expertise in procedures as confirmed by the program director. Your signature to this delineation form is an attestation of continued competency in the field of Internal Medicine, including the diagnosis and treatment of diseases as well as procedural skills.
Clinical Experience (Reappointment)	Current demonstrated competence and 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. I acknowledge that it is the applicant's responsibility to provide all necessary documentation supporting training and experience for the procedures/privileges requested. Any new privileges/procedures must bear documentation of such training and/or experience.
Additional Qualifications	Consultation with a specialist in these areas should be obtained where appropriate. AND Privileges in critical care shall be requested as delineated on the Critical Care Privilege form; and

those privileges will be reviewed by the appropriate department(s) on a case by case basis.

Primary Privileges Internal Medicine

Description: Core privileges in Internal Medicine shall include diagnosis and treatment/management of patients with disorders involving pulmonary diseases, cardiology, nephrology, gastroenterology, infectious diseases, endocrinology, allergy and immunology, neurology, hematology, oncology, dermatology, and rheumatology disciplines.

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Department/Section Chair	Credentials Committee Chair
	Core Privileges (Core privileges in Internal Medicine shall include diagnosis and treatment/management of patients with disorders involving pulmonary diseases, cardiology, nephrology, gastroenterology, infectious diseases, endocrinology, allergy and immunology, neurology, hematology, oncology, dermatology and rheumatology disciplines. Consultation with a specialist in these areas should be obtained where appropriate.)		
	Core Privileges include, but are not limited to: Abscess incision and drainage Arterial blood sampling Arthrocentesis limited to local anesthetics and uncomplicated peripheral nerve blocks Bladder catheterization Blood component transfusion therapy Cardioversion, emergency EKG interpretation Endotracheal intubation Epistaxis management including simple cautery and packing External transcutaneous pacing, emergent Imaging interpretation for plain film radiography Laceration repair, simple uncomplicated Laryngoscopy, direct or indirect Lumbar puncture, diagnostic Management of basic adult psychiatric care including overdose and withdrawal NG/OG tube placement Pericardiocentesis, emergent Peripheral venous access Removal of superficial body from skin, eyes, ears Resuscitation Skin biopsy and simple excision Ventilator management		
	Special Studies Invasive		
	Arterial puncture and cannulation (ART line)		
	Arthrocentesis		
	Bone marrow aspiration and biopsy		
	Cardiac pacemaker, transvenous - Temporary		
	Central venous catheter		
	Cisternal tap		
	Paracentesis, abdominal		
	Pericardiocentesis - Emergency only		
	Spinal tap		
	Thoracentesis		
	Biopsy and Excision (needle biopsy of)		
	Liver		
	Thyroid		
	Skin biopsy		
	Endoscopy (with biopsy, excision, tube insertion, dilation)		
	Colonoscopy		
	Duodenoscopy		
	Esophagoscopy		

	Esophageal dilatation		
	ERCP		
	Peritoneoscopy		
	Sigmoidoscopy		
	Small intestinal biopsy		
	Special Studies, Non-Invasive and Other Procedures		
	Peripheral vascular studies (non-invasive)		
	Radioactive isotopes (diagnostic)		
	Radioactive isotopes (therapeutic)		
	Administration of Sedation and Analgesia (Description: See Hospital Policy for Moderate Sedation)		
	Moderate Sedation with Airway Management		
	Other Privileges		
	Bone marrow biopsy		
	Bronchoscopy		
	Diagnostic right and left heart catheterization		
	ECG interpretation		
	Echo		
	Enteryx injection		
	Esophageal stent		
	Flexible bronchoscopy		
	Infectious diseases consultation		
	Infusion center		
	Intradermal allergy testing		
	Kidney biopsy		
	OMT		
	Percutaneous allergy testing		
	Refer and follow		
	Respiratory management		
	Subclavian puncture		
	Therapeutic apheresis		

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I am entitled to perform and that I wish to exercise at Kettering Health Dayton/Kettering Health Washington Township and I understand that:

- A. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature _____ Date

Clinical Service 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

Clinical Service Chair Recommendation - Additional Comments

Chair, Department/Section

Date

Chair, Credentials Committee

Date