



Internal Medicine KHMC & KHMB & KHTR
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.

Clinical Service Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements:

- 1. If called, all members of the Medicine Clinical Service must be able to respond within 30 minutes or have an alternate who can respond within 30 minutes. If on-call, the same response time (30 minutes) is in effect.
2. Note that 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.
3. 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

Table with 2 columns: Requirement Category and Description. Categories include Education/Training, Certification, Clinical Experience (Initial), and Clinical Experience (Reappointment).

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.

## Inpatient Internal Medicine - Associate

### Qualifications

**Education/Training** Active participation as a PGY III or greater resident in internal medicine with approval by their program director and the Clinical Service Chief of Internal Medicine

**AND**

Meet criteria for Associate Medical Staff membership with privileges as outlined in the Medical Staff Bylaws

**AND**

May work only at times when there is another active medical staff member employed by the same group immediately available.

**AND**

May only apply for IM Core privileges only

KHMC	KHMB	KHTR
		Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Inpatient Internal Medicine - Associate

## CORE Privileges - INPATIENT Internal Medicine

KHMC	KHMB	KHTR
		Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		<b>INPATIENT Internal Medicine Core</b>
		Admit, evaluate, diagnose, treat, and provide consultation to patients with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, and genitourinary systems. May provide care to patients in the intensive care setting in conformance with unit policies. 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. The core INPATIENT privileges include the procedure list below and such other procedures that are extensions of the same techniques and skills.
		Abscess incision and drainage
		Arterial blood sampling
		Arthrocentesis and joint injection
		Anesthesia limited to local anesthetics and uncomplicated peripheral nerve blocks
		Bladder catheterization
		Blood component transfusion therapy
		Cardiopulmonary Resuscitation

		Cardioversion, emergent
		Electrocardiology (EKG) interpretation including rhythm strip
		Epistaxis management including simple cautery and packing
		External transcutaneous pacing
		Imaging studies, preliminary interpretation
		Laceration repair, simple uncomplicated
		Laryngoscopy, direct or indirect
		Management of basic adult psychiatric care including overdose and withdrawal
		Management of life/organ threatening disorders
		Management of uncomplicated closed fractures and dislocations
		NG/OG tube placement
		Pericardiocentesis, emergent
		Peripheral venous access
		Removal of superficial foreign body from skin, eyes, ears
		Skin biopsy and simple excision
		Ultrasound as an adjunct to privileged procedures and physical exam
		Ventilator management

### Special Non Core Privileges (See Specific Criteria)

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

KHMC	KHMB	KHTR	
			Click <a href="#">shaded blue check box</a> to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Arterial cannulation
			Cardiac pacemaker, transvenous, temporary
			Central venous catheter placement, including ultrasound guidance
			Emergent thoracostomy tube insertion w/water - sealed drainage techniques
			Endotracheal intubation
			Flexible sigmoidoscopy
			Intraosseous catheter placement & infusion
			Lumbar puncture - diagnostic
			Paracentesis, abdominal
			Pulmonary function testing
			Thoracentesis

### Administration of Sedation and Analgesia

**Description:** See Hospital Policy for Moderate Sedation

KHMC	KHMB	KHTR	
			Click <a href="#">shaded blue check box</a> to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Moderate Sedation

### Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Kettering Health Main Campus, Kettering Health Miamisburg and Kettering Health Troy Hospital and I understand that:

A. In exercising any clinical privileges granted, I am constrained by applicable 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):

<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

**Clinical Service Chair Recommendation - Additional Comments**


Clinical Service Chair Signature

Date