



## Gastroenterology Soin & KHGM 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	
<b>Membership</b>	To be eligible to apply for core privileges in gastroenterology, the initial applicant must meet the following criteria.
<b>Education/Training</b>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)-accredited fellowship in gastroenterology.
<b>Certification</b>	Current certification or active participation in the examination process with achievement of certification within six years leading to certification in gastroenterology by the American Board of Internal Medicine or achievement of a certificate of special qualifications in gastroenterology by the American Osteopathic Board of Internal Medicine.
<b>Clinical Experience (Initial)</b>	Applicants for initial appointment must be able to demonstrate inpatient or consultative services, 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.
<b>Clinical Experience (Reappointment)</b>	Current demonstrated 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.

## Core Privileges Gastroenterology

**Description:** This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

Request		<i>Request all privileges listed below.</i>
KHGM	SOIN	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		<b>- Currently granted privileges</b>
		Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, 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. 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.
		<b>Procedures</b> (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)
		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
		Perform history and physical exam
		Proctoscopy
		Sengstaken/Minnesota tube intubation
		Snare polypectomy
		Variceal hemostasis (upper and lower)

## Internal Medicine Privileges Form

Request		<i>Request all privileges listed below.</i>
KHGM	SOIN	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Check here to request Internal Medicine Privileges Form

## Special Non-Core Privileges

**Description:** If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

Request		<i>Request all privileges listed below.</i>
KHGM	SOIN	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Special Non-Core Privileges

**Fluoroscopy**

**Description:** Must demonstrate competence- initial applicants must complete the online quiz; reapplicants must complete online quiz at least once then complete annual attestations thereafter.

<b>Request</b>		<b>Request all privileges listed below.</b>
<b>KHGM</b>	<b>SOIN</b>	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Fluoroscopy

**Administration of sedation and analgesia (See Hospital Policy for Moderate Sedation)**

<b>Request</b>		<b>Request all privileges listed below.</b>
<b>KHGM</b>	<b>SOIN</b>	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Administration of Sedation and Analgesia

**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 Greene Memorial and/or Soin Medical Center, 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):

	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

\_\_\_\_\_  
 Clinical Service Chair Signature Date