



Internal Medicine 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

Membership	To be eligible to apply for core privileges in internal medicine, the initial applicant must meet the following criteria:
Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)-accredited residency in internal medicine.
Certification	Current certification or active participation in the examination process, with achievement of certification within six years, leading to certification in internal medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.
Clinical Experience (Initial)	Applicants must be able to demonstrate provision of care to at least 30 inpatients, reflective of scope of privileges requested, in the last 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)	Current demonstrated 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.

Core Privileges Internal Medicine

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 shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult 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.

Core Privileges Urgent Care

Qualifications

Requirements Education and training as for internal medicine core.

Request		<i>Request all privileges listed below.</i>
KHGM	SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Provide diagnosis and treatment for services for common ambulatory disorders, including minor office procedures, such as repairing simple lacerations, treating warts, simple incision and drainage, cerumen disimpaction, skin biopsy, and small skin lesion removal for patients 15 years of age and older. Perform outpatient preadmission and history and physical, order noninvasive outpatient diagnostic tests and services, visit patients in hospital, review medical records, consult with attending physician, and observe diagnostic or surgical procedures with the approval of the attending physician or surgeon.

Special Noncore Privileges (See Specific Criteria)

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.

Qualifications

Requirements The following require submission of certification of clinical competence by program director/department chair and/or evidence of performance.

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	Request all privileges listed below.	
KHGM	SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Abdominal paracentesis (5)
		Arthrocentesis and joint injections (5)
		Central Line Insertion w/ ultrasound (5)
		Endotracheal intubation (5 cases, also requires documentation of ACLS)
		Insertion and management of central venous catheters, and arterial lines (5)
		Lumbar Puncture (5)
		Thoracentesis
		Endoscopy (with Biopsy, Excision, Tube Insertion, Dilation)
		Colonoscopy (50)
		Esophagogastroduodenoscopy (50)
		Esophageal dilation
		ERCP (25)
		Peritoneoscopy
		Sigmoidoscopy
		Small intestinal biopsy

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.

Request	Request all privileges listed below.	
KHGM	SOIN	Click shaded blue check box 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)

Request		<i>Request all privileges listed below.</i>
KHGM	SOIN	Click shaded blue check box 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):

<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