

# MIDLAND MEMORIAL HOSPITAL

## *Delineation of Privileges*

### ENDOCRINOLOGY, DIABETES, AND METABOLISM



Your home for healthcare

**Physician Name:** \_\_\_\_\_

### Endocrinology, Diabetes, and Metabolism Core Privileges

#### Qualifications

Minimum threshold criteria for requesting privileges in endocrinology, diabetes, and metabolism:

- Basic education: MD or DO
- Minimal formal training: Applicants must be able to demonstrate successful completion of an ACGME- or AOA-accredited postgraduate training program in internal medicine, followed by successful completion of a postgraduate program in endocrinology.

AND

- Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification in internal medicine by the ABIM or AOBIM. (*\*Members of the Staff prior to the adoption of Bylaws 10/2007 are considered grandfathered in and are encouraged but not required to achieve board certification*).

Required current experience:

- Inpatient or consultative services, reflective of the scope of privileges requested, for at least 25 patients during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

#### References for New Applicants

If the applicant is recently trained, a letter of reference should come from the director of the applicant's training program. Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced.

#### Reappointment

Reappointment should be based on unbiased, objective results of care according to the organization's existing quality improvement measures. To be eligible to renew privileges in endocrinology, the applicant must demonstrate current competence and an adequate volume of experience (50 patients) 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 physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

#### Please check requested privileges.

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	
<p><b>Core Privileges:</b> Core privileges in endocrinology include the ability to admit, evaluate, diagnose, treat, and provide consultation to patients of all ages with injuries or disorders of the internal (endocrine) glands, such as the thyroid and adrenal glands. Core privileges also include management of disorders such as diabetes, metabolic and nutritional disorders, obesity, pituitary diseases, and menstrual and sexual problems, and may include providing care to patients in the intensive care setting in conformance with unit policies. Physicians may also provide care to patients in the intensive care setting in conformity with unit policies. Endocrinologists may 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 following procedures list and such other procedures that are extensions of the same techniques and skills.</p>			<p>Core privileges include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Performance of history and physical exam</li> <li>• Interpretation of laboratory studies, including the effects of non-endocrine disorders</li> <li>• Interpretation of hormone assays</li> <li>• Performance and interpretation of stimulation and suppression tests</li> <li>• Performance of fine needle aspiration of the thyroid</li> <li>• Radiologic measurement of bone density and performance of other tests used in the management of osteoporosis and other metabolic bone diseases</li> <li>• Interpretation of radiologic and other imaging studies for diagnosis and treatment of endocrine and metabolic diseases</li> <li>• Radionuclide localization of endocrine tissue</li> <li>• Ultrasonography of the soft tissues of the neck</li> </ul>

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Criteria
<b>Refer-and-follow privileges</b>			Privileges include performing outpatient preadmission history and physical, ordering noninvasive outpatient diagnostic tests and services, visiting patients in the hospital, reviewing medical records, consulting with the attending physician, and observing diagnostic or surgical procedures with the approval of the attending physician or surgeon.
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Privilege/Criteria
<p><b>Current Privileges:</b> List any current privileges not listed above in core or non-core. These privileges will remain in effect until the end of the current appointment period and then will be moved up to the appropriate core/non-core section.</p> <p>Please provide criteria and supporting documentation to medical staff office for any non-core privileges listed.</p>			<p><b>Core</b></p> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <p><b>Non-Core</b></p> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/>

**To the applicant: If you wish to exclude any privileges, please strike through the privileges that you do not wish to request and then initial.**

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request. I have requested **only** those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Midland Memorial Hospital. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested 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) Applicants have the burden of producing information deemed adequate by Midland Memorial Hospital for a proper evaluation of current competence, other qualifications and for resolving any doubts.
- (c) I will request consultation if a patient needs service beyond my expertise.

\_\_\_\_\_  
Physician's Signature/Printed Name

\_\_\_\_\_  
Date

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/modification/explanation  
Notes:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Department Chair/Chief Signature

\_\_\_\_\_  
Date