

# MIDLAND MEMORIAL HOSPITAL

## *Delineation of Privileges*

### INTERNAL MEDICINE/HOSPITALIST



*Your home for healthcare*

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

## Internal Medicine and Hospitalist Core Privileges

### Qualifications

Minimum threshold criteria for requesting core privileges as an internist or hospitalist:

- Basic education: MD or DO
- Minimal formal training: Successful completion of an ACGME- or AOA accredited residency in internal medicine.

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:

- Provision of care to at least 25 inpatients, reflective of the scope of privileges requested, in 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 a hospital's quality improvement measure. To be eligible to renew privileges in internal medicine, the applicant must have current demonstrated competence and an adequate volume of experience (50 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 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 for <u>internal medicine</u> include the ability to 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. Internists may provide 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. They also should be able to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p>			<p>The core privileges include but are not limited to internist and hospitalist:</p> <ul style="list-style-type: none"> <li>• Performance of history and physical exam</li> <li>• Abdominal paracentesis</li> <li>• Arthrocentesis and joint injections</li> <li>• Drawing of arterial blood</li> <li>• Management of burns, superficial and partial thickness</li> <li>• Excision of skin and subcutaneous tumors, nodules, and lesions</li> <li>• Exercise testing—treadmill</li> <li>• Incision and drainage of abscesses</li> <li>• Insertion and management of central venous catheters and arterial lines</li> <li>• Local anesthetic techniques</li> <li>• Lumbar puncture</li> <li>• Nasogastric intubation</li> <li>• Performance of simple skin biopsy</li> <li>• Placement of anterior and posterior nasal hemostatic packing</li> <li>• Placement of a peripheral venous line</li> <li>• Interpretation of EKGs</li> <li>• Removal of nonpenetrating foreign body from the eye,</li> </ul>

<b>Requested</b> <input type="checkbox"/>	<b>Approved</b> <input type="checkbox"/>	<b>Not Approved</b> <input type="checkbox"/>	nose, or ear • Thoracentesis • Ventilator management (not complex, including continuous positive airway pressure, up to 36 hours)	
<b>Core privileges:</b> Core privileges for <u>hospitalists</u> are considered to be the same as those for general internists, including admission, evaluation, diagnosis, treatment, and provision of nonsurgical treatment. Physicians may also provide care to patients in the intensive care setting in conformity with unit policies. Nonsurgical treatment consultation for patients admitted or in need of care to treat general medical problems.				
<b>Requested</b> <input type="checkbox"/>	<b>Approved</b> <input type="checkbox"/>	<b>Not Approved</b> <input type="checkbox"/>	<b>Criteria</b>	
<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.	
<b>Requested</b> <input type="checkbox"/>	<b>Approved</b> <input type="checkbox"/>	<b>Not Approved</b> <input type="checkbox"/>	<b>Procedure</b>	<b>Criteria</b>
<b>Non-Core Privileges:</b> For each special request, threshold criteria (i.e., additional training or completion of a recognized course and required experience) must be established. Special requests include.			<input type="checkbox"/> Initiation and management of pulmonary artery catheters	<b>New Applicant:</b> Successful completion of an ACGME- or AOA approved training program in internal medicine, anesthesiology, cardiology, interventional cardiology, critical care medicine, or pulmonary disease. <b>Reappointment:</b> Current demonstrated competence and evidence of the performance, as the primary operator, of at least 25 PACs in the past 12 months or completion of training in the past 12 months.
			<input type="checkbox"/> Moderate Sedation	Meet the criteria set forth by the Rules and Regulations for Anesthesia Services and complete "Requirements for Moderate Sedation Privileges" form.
<b>Requested</b> <input type="checkbox"/>	<b>Approved</b> <input type="checkbox"/>	<b>Not Approved</b> <input type="checkbox"/>	<b>Privilege/Criteria</b>	
<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.  Please provide criteria and supporting documentation to medical staff office for any non-core privileges listed.			<b>Core</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
			<b>Non-Core</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

**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