

MIDLAND MEMORIAL HOSPITAL
Delineation of Privileges
NUCLEAR MEDICINE



Your home for healthcare

Physician Name: _____

Nuclear Medicine Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in nuclear medicine:

- Basic education: MD or DO
- Successful completion of an ACGME- or AOA-accredited residency in nuclear medicine or current certification and/or current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification by the ABNM or the AOBNM; (**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*).

OR

- Successful completion of an ACGME- or AOA-accredited fellowship in nuclear radiology and/or current certification or active participation in the examination process (with achievement of certification in 5 years) leading to certification in nuclear radiology by the ABR. (**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 previous experience:

- Applicants for initial appointment must be able to demonstrate 50 successful performance of nuclear medicine procedures reflective of the scope of privileges requested within the past 24 months, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the previous 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 nuclear medicine, the applicant must demonstrate current competence and an adequate volume of 20 experienced nuclear medicine procedures 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>Core Privileges: Core privileges for nuclear medicine include consultation, performance, and interpretation of all routine and nonroutine nuclear medicine procedures to make diagnostic evaluations, by both in vivo and in vitro techniques, of the anatomic and/or physiologic conditions of the body and to provide therapy with unsealed radioactive sources. Physicians may also provide care to patients in the intensive care setting in conformity with unit policies.</p>			<p>Core privileges include but are not limited to:</p> <ul style="list-style-type: none"> • Performance of history and physical exam • Interpretation of the results of diagnostic examinations of patients using unsealed radionuclides and radiopharmaceuticals • Performance of radioimmunoassay examinations and management of radioactively contaminated patients and facilities • Supervision of the preparation, administration, and the use of unsealed radionuclides and radiopharmaceuticals for diagnostic examinations of patients • Supervision of the preparation, administration, and use of unsealed radionuclides for therapeutic purposes • Diagnosis, evaluation, clinical management, treatment, monitoring, decontamination, and subsequent control of

			patients experiencing radiation overexposure in any form <ul style="list-style-type: none"> • Consultation and/or care of patients with diseases of the thyroid • Inpatient care of internal therapy patients that require hospitalization for purposes of radiation safety 	
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Criteria	
Refer-and-follow privileges			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"/>	Procedure	Criteria
Non-Core Privileges: For each special request, threshold criteria (i.e., additional training or completion of a recognized course and required experience) must be established. Special requests for nuclear medicine include:			<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.
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Privilege/Criteria	
Current Privileges: 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.			Core <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/>	
			Non-Core <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