



# MICHIGAN MEDICINE UNIVERSITY OF MICHIGAN

## Delineation of Privileges Department of Emergency Medicine

Name: \_\_\_\_\_  
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### LEVEL I PRIVILEGES

#### Urgent Care Medicine, Pediatric Emergency Medicine and Adult Emergency Medicine.

##### Minimum Training and Experience

Urgent Care Medicine:

Basic Education: MD or DO

Completion of an ACGME- or AOA approved training program in Emergency Medicine, Pediatrics, Internal Medicine or Family Medicine. Applicant must be board certified or board- eligible and obtain certification within 5 years of appointment.

Pediatric Emergency Medicine:

Basic Education: MD or DO

Completion of an ACGME- or AOA approved training program in Emergency Medicine or completion of an ACGME- or AOA approved training program in Pediatrics and completion of Pediatric Emergency Medicine Fellowship. Applicant must be board certified in Emergency Medicine, or Pediatric Emergency Medicine or board- eligible in Emergency Medicine or Pediatric Emergency Medicine and obtain certification within 5 years of appointment.

Adult Emergency Medicine:

Basic Education: MD or DO

Completion of an ACGME- or AOA approved training program in Emergency Medicine, or followed American Board of Emergency Medicine practice pathway to board certification (completed 5000 clinical practice hours in Emergency Medicine by 6/30/1988 and applied for ABEM Board Certification by 6/30/1990).

Applicant must be board certified in Emergency Medicine or board- eligible in Emergency Medicine and obtain certification within 5 years of appointment.

Two letters of reference from colleagues aware of applicant's performance- for new appointments only.

### Urgent Care Medicine

- Requested (Applicant)       Recommended approval (Service Chief/Chair)

#### Scope of Practice/Privileges

Scope of services includes the evaluation, diagnosis and management of patients of all ages presenting with non-life-threatening illness or injury. Procedures performed include minor wound management and repair, incision and drainage of abscesses, reductions of simple digital fracture/dislocations, extremity splinting, foreign body removal from skin, subcutaneous tissue, nose, ears and eyes, local anesthesia, arthrocentesis and lumbar puncture.

Privileges include the following representative list, but it is not intended to be all-encompassing, but rather to reflect the categories/types of patient problems included in the description of privileges.

#### Areas of Privileges:

### Airway

Noninvasive positive pressure ventilation, Bag-valve-mask ventilation, Laryngeal mask airway insertion, Esophageal obturator airway insertion and oral airway insertion.

### Aspiration

Arthrocentesis (small & large joint, excluding hip) and Bursal aspiration.

### Cardiac

EKG interpretation, Emergency D.C. cardioversion and defibrillation, External transcutaneous pacemaker use and Closed cardiopulmonary resuscitation.

### ENT

Nasal packing, Cautery for epistaxis, Paratonsillar abscess aspiration and incision and drainage and Evacuation of septal and auricular hematomas.

### Gastrointestinal

Anoscopy and Hernia reduction.

### Genitourinary

Suprapubic tap/catheterization.

### Injections

Local and regional anesthesia; Intercostal nerve block, Peripheral nerve block below elbow and knee, Infraorbital, supraorbital, mental, inferior alveolar/lingual nerve blocks for regional anesthesia. Local injection for tendonitis/bursitis and contrast injection for imaging

### Miscellaneous

Parenteral medication administration, Interpretation of the results of radiographic studies, Point of care focused ultrasound (FAST, Aortic Caliber, Emergency Cardiac and Procedural). Additional imaging: initial ordering and preliminary evaluation of CT and MRI studies..

### Neurology

Lumbar puncture (adult and child) and Spine immobilization.

### Ophthalmologic

Slit lamp examination with direct and indirect ophthalmoscopy, tonometry, Corneal foreign body removal and rust ring removal.

### Orthopedics

Reduction of dislocations involving the phalanges, metacarpals, metatarsals, patella and shoulder. Initial management including restorative reduction of displaced and nondisplaced fractures involving the clavicles, ribs, phalanges, metacarpals, metatarsals, carpal bones, tarsal bones, radius, ulna, humerus, tibia, fibula, nasal bone and patella.

### Psychiatric

Rapid tranquilization of agitated and psychotic patients.

### Respiratory

Needle thoracentesis and Bag valve mask ventilation.

### Surgery

Initial management of 1°, 2° burns less than 20%, BSA, Simple and complex multilayer laceration repair, Repair of nail bed lacerations. Repair of the wounds of the deep fascia or muscle, Repair of wounds of the eyelids, nose, ear, face, or lip, extensor tendon repairs, abscess incision and drainage, nail trephination, and external hemorrhoidectomy.

## **Emergency Medicine (Adult and Pediatric)**

□ **Requested (Applicant)**

□ **Recommended approval (Service Chief/Chair)**

### **Scope of Practice/Privileges**

Scope of services includes the diagnostic evaluation, consultation, treatment and admission of patients of **all** patients presenting to the Adult or Pediatric Emergency Departments including life threatening illness and injury. This includes but is not limited to evaluation and management of the acute phase of disorders involving the following areas: Abdomen/Gastrointestinal, Cardiovascular, Dermatologic, Head and neck, Hematologic, Endocrine, Metabolic, Fluid/Electrolyte and Nutritional, Immunologic, Musculoskeletal, Nervous, Psychobehavioral, Urogenital, Toxicologic and Pediatric.

Privileges include the following representative list, but it is not intended to be all-encompassing, but rather to reflect the categories/types of patient problems included in the description of privileges.

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### **AREAS OF PRIVILEGES (Adult and Pediatric):**

#### Airway

Direct laryngoscopy, Oral endotracheal intubation with and without neuromuscular blockade, Fiberoptic intubation, Blind nasotracheal intubation, Awake endotracheal intubation, Laryngeal mask airway insertion, Esophageal obturator airway insertion and removal, Retrograde wire guided intubation, Needle cricothyroidotomy with percutaneous transtracheal jet ventilation, Surgical cricothyroidotomy.

#### Aspiration

Arthrocentesis (small & large joint, excluding hip), Bursal aspiration, Paracentesis, Diagnostic peritoneal lavage

#### Cardiac

EKG interpretation, Emergency pericardiocentesis, Emergency D.C. cardioversion, Arterial puncture, External transcutaneous pacemaker, Defibrillation, Venous cut-down, Administration of thrombolytic therapy for acute MI, Indwelling arterial line for pressure monitor, Insertion of emergency transvenous pacemaker, Emergency thoracotomy. Cardiorrhaphy, Open and closed cardiac massage, Intracardiac injections, Cardiopulmonary resuscitation

#### ENT

Nasal packing, Cautery for epistaxis, Indirect laryngoscopy, Fiberoptic laryngoscopy, Paratonsillar abscess aspiration and incision and drainage, Evacuation of septal and auricular hematomas

#### Gastrointestinal

Nasogastric and orogastric tube insertion, Gastric lavage, Anoscopy, Hernia reduction

#### Genitourinary

Suprapubic tap/catheterization

#### Injections

Local and regional anesthesia; Intercostal nerve block, Peripheral nerve block below elbow and knee,, Infraorbital, supraorbital, mental, inferior alveolar/lingual nerve blocks for regional anesthesia. Trigger point injection, Local injection for tendonitis/bursitis, contrast injection for imaging .

#### Miscellaneous

Intraosseous cannulation. Arterial cannulation, Central venous cannulation (Internal Jugular, subclavian and Femoral veins), Initial evaluation and management of patients with abuse / neglect / assault including sexual abuse. Point of care focused ultrasound (FAST, aortic caliber, emergency cardiac and procedural), Interpretation of the results of plain radiographic studies, Additional imaging: initial ordering and preliminary evaluation of CT and MRI studies.

#### Neurology

Lumbar puncture (adult and child), Initial evaluation and management of patients with stroke, Intravenous thrombolytic therapy for acute ischemic stroke and Spine immobilization.

#### Obstetrical

Precipitous delivery of a newborn- spontaneous vaginal delivery, Midline episiotomy and Perimortum c-section.

#### Ophthalmologic

Lateral canthotomy with cantholysis, Ocular paracentesis, Slit lamp examination with direct and indirect ophthalmoscopy, Tonometry and Corneal foreign body and Rust ring removal.

#### Orthopedics

Reduction of dislocations involving the TMJ, phalanges, metacarpals, metatarsals, carpal bones, tarsal bones, wrist, elbow, radial head, shoulder, hip, knee, patella and ankle. Initial management including restorative reduction of displaced and nondisplaced fractures involving the clavicles, ribs, phalanges, metacarpals, metatarsals, carpal bones, tarsal bones, radius, ulna, humerus, femur, tibia, fibula and patella. Intracompartmental pressure measurements.

#### Psychiatric

Rapid tranquilization of agitated and psychotic patients.

#### Respiratory

Needle thoracostomy, Emergency tube thoracostomy, Ventilator management, Bipap and CPAP management and Bag valve mask ventilation.

#### Surgery

Initial management of 1°, 2° & 3° burns of any TBSA including debridement, Escharotomy, Simple and complex multilayer laceration repair, Revision nail bed laceration. Repair of the wounds of the deep fascia or muscle, Repair of wounds of the eyelids, nose, ear, face, or lip, extensor tendon repairs, abscess incision and drainage, nail trephination and external hemorrhoid excision.

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## **LEVEL II PRIVILEGES**

### **Observation Medicine, Emergency Focused Ultrasound and Brain Injury Group**

#### **Observation Medicine**

- Requested (Applicant)**       **Recommended approval (Service Chief/Chair)**

#### **Minimum Training and Experience**

MD, DO, or equivalent professional degree

Board Certification in Emergency Medicine, Internal Medicine, or Family Medicine

Membership in the Medical Observation Unit Physician Group.

Completion of Medical Observation Unit orientation and training specifically focused on patient care and management in the Medical Observation Unit.

#### **Scope of Privileges/Practice**

Physician leadership and Medical Observation Unit professional management will be the responsibility of the Department of Emergency Medicine. Familiarity with the rapid assessment, treatment, and disposition of adult patients meeting adult observation status criteria. Decision making and management of adult patients requiring observation to determine need for acute care hospitalization. Decision making and management of short stay adult patients with or without consultation from specialty services.

#### **Emergency Focused Ultrasound**

- Requested (Applicant)
- Recommended approval (Service Chief/Chair)

**Minimum Training and Experience**

Basic Education: MD or DO

Completion of an ACGME- or AOA approved training program in Emergency Medicine or completion of an ACGME- or AOA approved training program in Pediatrics and completion of Pediatric Emergency Medicine Fellowship. Applicant must be board certified in Emergency Medicine, or Pediatric Emergency Medicine or board- eligible in Emergency Medicine or Pediatric Emergency Medicine and obtain certification within 5 years of appointment.

**Scope of Privileges/Practice**

Scope of services includes the performance and interpretation of the following point of care focused EM sonography applications: intrauterine pregnancy verification, focused biliary assessment and identification of renal collecting system obstruction. These privileges may be applied for individually. To be granted these privileges in ultrasound in the Dept of Emergency Medicine, physicians must have both basic and specific qualifications. These requirements conform to the guidelines set forth by the American College of Emergency Physicians (2001 and 2008).

**Basic Qualifications:**

Residency or fellowship training in the performance and interpretation of ultrasound examinations. The physician will be eligible for verification of this basic qualification on review of their documentation from their program or ultrasound director.

**OR**

Completion of an Introductory EM Ultrasound Course (at least 16 hours of Category I A.C.E.P. credit) provides verification of the basic qualifications when residency or fellowship training did not include education and personal experience in the use of ultrasound,

**AND**

40 hours of Ultrasound CME (ACEP Category I or II ACEP) including material dedicated to the specific applications the candidate is seeking privileges to perform.

**Specific Qualifications:**

In addition to the basic prerequisites, the physicians must have qualifications in the area of each application they seek privileges. The diagnostic applications are: intrauterine pregnancy verification, focused biliary assessment and identification of renal collecting system obstruction. The physician must perform at least 25 application-specific training ultrasound studies with confirmation of results. Confirmation may be provided by another EM sonographer who meets the requirements of this privileging process, In addition, confirmation may be provided by a high level of concordance with nonEM sonographers who are credentialed to perform the specific application. In the appropriate setting, other imaging modalities may provide confirmation (renal protocol computed tomography, etc). Training studies performed during an EM Residency Program may qualify. The candidate must provide documentation of the training studies performed during residency. A written attestation from the Program or Ultrasound Director at the applicant's residency program may be used to confirm the performance of these training studies.

**Brain Injury Group Membership**

- Requested (Applicant)
- Recommended approval (Service Chief/Chair)

**Minimum Training and Experience:** MD, DO, or equivalent professional degree. Board certification or board eligibility in Emergency Medicine- the board eligible candidate must obtain certification within 5 years of appointment. Certification in the use of the NIH Stroke and Modified Rankin Scales. Experience and expertise in the diagnosis and management of patients with strokes, as determined by the Service Chief/Chair.

**Scope of Practice/Privileges:** Medical and neurologic evaluation of patients with strokes, including preliminary interpretations of radiologic studies. Members of the brain injury group may serve as consultants to other physicians, order diagnostic testing, and determine therapeutic interventions. This may include writing orders in both the inpatient and ED setting for stroke specific care.

### **Emergency Critical Care**

- Requested (Applicant)**
- Recommended approval (Service Chief/Chair)**

#### **Minimum Training and Experience:**

Basic Education: MD or DO Completion of an ACGME- or AOA approved training program in Emergency Medicine. Applicant must be board certified in Emergency Medicine or board- eligible in Emergency Medicine and obtain certification within 5 years of appointment.

Applicants must meet all minimum training and experience criteria as outlined in LEVEL I Adult Emergency Medicine privileging.

In addition, all applicants must successfully complete and pass a qualified Fundamental of Critical Care Support (FCCS) course prior to first clinical shift unless a fellowship in Critical Care Medicine has been completed and the physician is board certified (or eligible) in Critical Care Medicine. Maintenance of current FCCS certification or board certification, as applicable, is expected.

**Scope of Practice/Privileges:** The scope of practice includes the provision of care to critically ill patients located in the Emergency Critical Care Center (EC3) within Adult Emergency Services (AES). Credentialed faculty will provide training and supervision for physician (residents and fellows) and non-physician personnel (physician assistants, respiratory therapists, nursing) assigned to the Emergency Critical Care Center.

### **PALLIATIVE MEDICINE PRIVILEGES**

- Requested (Applicant)**
- Recommended approval (Service Chief/Chair)**

**Minimum Training and Experience:** A practicing subspecialist in Hospice and Palliative Medicine (HPM) must have successfully completed an M.D. or D.O. degree or equivalent, an accredited residency program, and a Hospice and Palliative Medicine Fellowship. HPM subspecialists are additionally expected to be board-certified within 5 years of appointment. Physicians who obtain HPM board certification through a practice pathway (i.e. 'grandparenting') before 2012 (MD) or 2014 (DO) will be exempt from the fellowship completion requirement.

**FPPE/OPPE Requirements:** Each new appointee to the clinical faculty will have a senior faculty member identified to serve as a clinical mentor and reviewer of initial professional practice. This advisory and monitoring function will occur for the first six months of appointment, and will involve the detailed review of no fewer than ten (10) cases. As part of this initial FPPE, five patient and/or family meetings will be personally observed or formally debriefed by the mentor. After successful completion of this initial six month period, faculty will be expected to participate in the care of no fewer than twenty (20) patients as an HPM subspecialist. Subsequent professional practice will be monitored through the ongoing Professional Practice Evaluation process (OPPE). A provider profile will be reviewed for clinical activity and for medical record and resident supervision compliance. Outpatient and inpatient notes will be evaluated for key components including history, physical examination, and medical decision making. Reporting will be made through the Division leadership and to the Department of Internal Medicine.

#### **Scope of Practice/Privileges:**

A Hospice and Palliative Medicine Physician provides subspecialty services in the comprehensive assessment and management of patients with advanced illness and their families, through end-of-life and bereavement. This care is provided, usually in interdisciplinary teams, in ambulatory, hospital, residential hospice and home settings.

Privileges include being able to admit, evaluate, diagnose, and provide palliative care treatment to patients with advanced illness and end of life disease. Physicians with these privileges have the highest level of competence in Hospice and Palliative Medicine on a par with that considered appropriate for a subspecialist. They are qualified to act as consultants and should, in turn, request consultation from within or from outside the medical center whenever needed.

Elements of subspecialty hospice and palliative medicine practice include, but are not limited to:

- Assessment and management of pain
- Assessment and management of physical symptoms (pain, nausea, dyspnea, fatigue, etc)
- Assessment and management of psychological symptoms (depression, anxiety, grief, etc)
- Goals of care determination, and support for appropriate decision-making and treatment planning
  - Running family meetings
  - Managing interprofessional collaboration
  - Navigating complex or challenging communication
- Identification and management of spiritual distress
- Identification and management of bereavement needs, including complicated grief
- Leadership of interdisciplinary care teams focused on care of patients with serious illness, and their families

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## LEVEL III PRIVILEGES

### Medical Acupuncture

- Requested (Applicant)       Recommended approval (Service Chief/Chair)

**Minimum Training and Experience** Applicants must have received a MD or DO degree from an approved school of medicine or osteopathy. Applicants must have privileges in the Department of Emergency Medicine in good standing. Applicants must have completed 200 hours of graduate training in medical acupuncture at an AMA Category I certified program, or equivalent training approved by the University of Michigan Department of Emergency Medicine after consultation with the American Academy of Medical Acupuncture.

If previously practicing medical acupuncture, submission of three letters of recommendation specifically addressing and attesting to the applicant's qualification and experience in medical acupuncture.

**Maintenance of Privileges:** Must show evidence of a minimum of 30 accredited hours over a three (3) year period of continuing education in AMA or NCCAOM (National Commission for the Certification of Acupuncture and Oriental Medicine) approved courses in acupuncture. The physician must maintain at least thirty (30) acupuncture patient contacts per year.

**Scope of Practice/Privileges:** Medical acupuncture is a specific medical discipline embracing the integration of acupuncture from various traditions into contemporary biomedical practice. A Physician Acupuncturist is a physician (MD or DO) who has acquired specialized education and training related to the integration of acupuncture within a biomedicine practice. Medical acupuncture is usually applied in primary care and pain management settings. Acupuncture is within the scope of practice of all licensed physicians in the State of Michigan.

**SPECIAL PRIVILEGES**

A separate application is required to APPLY or REAPPLY for the following Special Privileges:

- ▶ FLUOROSCOPY
- ▶ LASER
- ▶ ROBOTIC SURGICAL PLATFORM
- ▶ SEDATION PRIVILEGES FOR A NON-ANESTHESIOLOGIST

PLEASE go to URL: [www.med.umich.edu/i/oca](http://www.med.umich.edu/i/oca) for instructions, or contact your Clinical Department Representative.

**TO BE COMPLETED BY APPLICANT:**

I meet the previously stated criteria and request that my application be considered for the privileges as outlined above. I authorize and release from liability, any hospital, licensing board, certification board, individual or institution who in good faith and without malice, provides necessary information for the verification of my professional credentials for membership to the Medical Staff of The University of Michigan Health System.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT ACTION**

Approval: \_\_\_\_\_ As Requested \_\_\_\_\_ As Modified

Explain any modifications:

\_\_\_\_\_

\_\_\_\_\_

I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

Justification for approval is based on careful review of the applicant's education, postgraduate clinical training, demonstrated clinical proficiency and Board Certification or qualifications to sit for the Boards.

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Service Chief: \_\_\_\_\_ Date: \_\_\_\_\_

**CREDENTIALS COMMITTEE ACTION**

Approval: \_\_\_\_\_ As Requested \_\_\_\_\_ As Modified

Explanation for any modification:

\_\_\_\_\_

**EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS ACTION**

Approval: \_\_\_\_\_ As Requested \_\_\_\_\_ As Modified.

Explanation for any modification:

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