



**Delineation of Privileges
Department of Internal Medicine
Division of Geriatric and Palliative Medicine**

Name: _____

Please Print or Type

LEVEL I CORE PRIVILEGES – GENERAL MEDICINE

To qualify for the subspecialty of Geriatric and/or Palliative Care Medicine, a practitioner may first be trained in General Internal Medicine. Therefore a practitioner who is granted Geriatric and/or Palliative Medicine privileges is automatically granted privileges in General Medicine that may be found at:

www.med.umich.edu/mss/pdf/IM-General.pdf

GERIATRIC MEDICINE CORE PRIVILEGES

Minimum Training and Experience: Fellowship in Geriatric Medicine or in lieu of geriatric fellowship training, at least four years of substantial practice experience with at least 60% of each practice year devoted to geriatric medicine.

Minimum Certification and Board Status: Board certified in Geriatrics by the American Board of Internal Medicine within 5 years of initial appointment.

Appropriate education and experience are indicated by successful completion of a Geriatric Medicine fellowship training program and/or by the individual's demonstrated competence in the treatment of elderly patients. Determination of competence is based on the judgment of the Division Chief who will make use of the treatment results and quality measures, when available. Familiarity and experience with supervision of collaborative practice with social workers, clinical nurse specialists, and pharmacists. Experience in patient care in multiple settings including ambulatory care, hospital, sub-acute, and long term care. Experience in hospice and end of life care.

FPPE Requirements: Each new appointee to the clinical faculty will have a senior faculty person 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 to the faculty. After successful completion of this initial six month period, the new faculty member's professional practice will be monitored through the ongoing Professional Practice Evaluation process. As part of this initial FPPE, 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. Retrospective medical record review by the senior faculty member will be carried out for five charts during the first three months of faculty appointment. Reporting will be made through the Division leadership and to the Department of Internal Medicine.

Scope of Practice/Privileges:

Geriatricians provide both primary and specialty care to older adults most commonly with multiple chronic conditions in the ambulatory setting as well as in hospital, sub-acute, long term and residential care facilities.

Privileges include being able to admit, work up, diagnose, and provide treatment to patients with problems found in the elderly. Physicians with these privileges have the highest level of competence in Geriatric 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.

Requested (Applicant) Not Requested (Applicant)

Recommended approval (Service Chief/Chair)

GERIATRIC MEDICINE CORE PRIVILEGES FOR FAMILY MEDICINE PHYSICIANS

Minimum Training and Experience: To qualify for the subspecialty of Geriatric and/or Palliative Care Medicine, a practitioner may first be trained in Family Medicine. Fellowship in Geriatric Medicine or in lieu of geriatric fellowship training, at least four years of substantial practice experience with at least 60% of each practice year devoted to geriatric medicine.

Minimum Certification and Board Status: Board certified in Geriatrics by the American Board of Family Medicine within 5 years of initial appointment.

Appropriate education and experience are indicated by successful completion of a Geriatric Medicine fellowship training program and/or by the individual's demonstrated competence in the treatment of elderly patients. Determination of competence is based on the judgment of the Division Chief who will make use of the treatment results and quality measures, when available. Familiarity and experience with supervision of collaborative practice with social workers, clinical nurse specialists, and pharmacists. Experience in patient care in multiple settings including ambulatory care, hospital, sub-acute, and long term care. Experience in hospice and end of life care.

FPPE Requirements: Each new appointee to the clinical faculty will have a senior faculty person 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 to the faculty. After successful completion of this initial six month period, the new faculty member's professional practice will be monitored through the ongoing Professional Practice Evaluation process. As part of this initial FPPE, 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. Retrospective medical record review by the senior faculty member will be carried out for five charts during the first three months of faculty appointment. Reporting will be made through the Division leadership and to the Department of Internal Medicine.

Scope of Practice/Privileges: Geriatricians provide both primary and specialty care to older adults most commonly with multiple chronic conditions in the ambulatory setting as well as in hospital, sub-acute, long term and residential care facilities.

Privileges include being able to admit, work up, diagnose, and provide treatment to patients with problems found in adult medicine, and geriatrics. The procedures commonly performed include arthrocentesis, lumbar puncture, ECG interpretation, uncomplicated lacerations, word catheter, I&D of abscess, skin biopsy or simple excision, removal of non-penetrating corneal foreign bodies, uncomplicated minor closed fractures (not requiring traction or manipulation), and uncomplicated dislocations.

Physicians with these privileges have the highest level of competence in Geriatric 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.

Requested (Applicant) Not Requested (Applicant)

Recommended approval (Service Chief/Chair)

SUB-ACUTE CARE CORE PRIVILEGES FOR INTERNAL MEDICINE PHYSICIANS

Minimum Training and Experience: Residency in Internal Medicine.

Minimum Certification and Board Status: Board certified in Internal Medicine by the American Board of Internal Medicine within 5 years of completion of accredited training.

Appropriate education and experience are indicated by successful completion of an Internal Medicine residency training program and/or by the individual's demonstrated competence in the treatment of sub-acute care patients. Determination of competence is based on the judgment of the Division Chief who will make use of the treatment results and quality measures, when available. Familiarity and experience with supervision of collaborative practice with social workers, clinical nurse specialists, and pharmacists. Experience in patient care in sub-acute, and long term care. Experience in hospice and end of life care.

FPPE Requirements: Each new appointee to the clinical faculty will have a senior faculty person 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 to the faculty. After successful completion of this initial six month period, the new faculty member's professional practice will be monitored through the ongoing Professional Practice Evaluation process. As part of this initial FPPE, 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. Retrospective medical record review by the senior faculty member will be carried out for five charts during the first three months of faculty appointment. Reporting will be made through the Division leadership and to the Department of Internal Medicine.

Scope of Practice/Privileges:

Physicians in this specialty provide both primary and specialty care to adults most commonly with multiple chronic conditions in the sub-acute, long term and residential care facilities.

Privileges include assessment and management of complicated or multiple concurrent medical conditions. Complex medical care includes, but is not limited to, management of patients with unstable diabetes, and diabetic management, general metabolic instability, complex pressure sores, vascular ulcer, non-monitored cardiac conditions, patients awaiting transplants, complicated infections, AIDS/HIV,

post-surgical conditions, pulmonary conditions, malignancies, post-surgical wound management, and post-transplant management.

___ Requested (Applicant) ___ Not Requested (Applicant)

___ Recommended approval (Service Chief/Chair)

LEVEL II

PALLIATIVE MEDICINE PRIVILEGES

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 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

___ Requested (Applicant)

___ Not Requested (Applicant)

___ Recommended approval (Service Chief/Chair)

SPECIAL PRIVILEGES

A separate application is required to apply or reapply for the following Special Privileges:

- Chemotherapy for Non-Oncologists (MC-IP1027E Chemotherapy Authorizing Provider)
- Fluoroscopy (RADI-10100 Fluoroscopy Privileging)
- Hyperbaric Oxygen Therapy (<http://www.med.umich.edu/i/oca/mss/hbot.htm>)
- Laser (OPER-1011 Laser Privileging)
- Robotics (RADI-10102 Privileges for Use of the Robotic Surgical Platform)
- Sedation Analgesia (ANES-28048 Moderate Sedation, ANES-20023 Deep Sedation)

Applications can be found in MLearning for all these privileges with the exception of Hyperbaric Oxygen Therapy. Please go to MLearning to access and complete the associated learning module and privileging form. Please contact Medical Staff Services at (734) 647-6865 with any questions.

TO BE COMPLETED BY APPLICANT:

I meet the previously stated minimum 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 (please explain) _____

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: _____

MEDICAL STAFF MEMBERSHIP APPROVALS

FOR MEDICAL STAFF SERVICES USE ONLY			
Committee	Date	Committee Decision	
Credentialing and Privileging Committee		<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
Executive Committee on Clinical Affairs		<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
Health System Board		<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved