UNIVERSITY OF MICHIGAN HOSPITALS AND HEALTH CENTERS

Delineation of Privileges
Department of Internal Medicine /Division of General Medicine

Name: ____________________________________________

Please Print or Type

LEVEL I CORE PRIVILEGES

Minimum Training and Experience: Basic education: M.D. or D.O. degree

Minimal formal training: Successful completion of an approved residency training program in internal medicine.

Required previous experience: Active participation in the care of general internal medicine patients during the past 18 months.

Minimum certification and Board status: Certification by the American Board of Internal Medicine within 2 years of initial appointment; and subsequent maintenance of certification

Under exceptional circumstances, the Division Chief and Department Chair may request a temporary waiver of the Board requirement if they determine that the applicant has received equivalent training and experience, and has achieved a high level of competence.

Scope of Practice/Privileges: Privileges include admission, work up, diagnosis, and provision of non-surgical treatment including consultation for patients who are admitted or in need of care to treat general medical problems.

Physicians with these privileges may act as consultants to others, and may in turn be expected to request consultations when a) diagnosis and/or management remain in doubt over an unduly long period of time, especially in the presence of a life-threatening illness; b) unexpected complications arise which are outside the physician level of competence; and c) specialized treatment or procedures are contemplated with which they are not familiar.

Privileges also 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.

- Abdominal paracentesis
- Admit, evaluate, diagnose, manage, consult, and treat patients above the age of 18 in need of preventive health care and non-surgical medical care for all stages of acute and/or chronic illnesses.
- Blood smear technique/interpretation
- Bursa and joint aspiration/injection, basic joint fluid analysis
- General Lumbar Puncture

- Joint aspiration/injection
- Outpatient pulmonary function studies
- Swan-Ganz interpretation

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

LEVEL II

Minimum Training and Experience: For initial privileges the faculty member must provide evidence and/or attestation from another clinician familiar with their work that they have had supervised instruction in at least 10 central venous cannulations. For continued privileges, the faculty member must provide documentation/attestation that he/she has participated in 2 or more procedures in the past 24 months.

Scope of Practice/Privileges

CENTRAL VENOUS CANNULATION

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

minimum Training and Experience: For initial privileges the faculty member must provide evidence and/or attestation from another clinician familiar with their work that they have had supervised instruction in at least 30 flexible sigmoidoscopies. For continued privileges, the faculty member must provide documentation/attestation that he/she has participated in 5 or more flexible sigmoidoscopies in the past 24 months. (For those faculty with specific subspecialty training in gastroenterology, sigmoidoscopies are considered a Level I procedure).

Scope of Practice/Privileges

FIBEROPTIC FLEXIBLE SIGMOIDOSCOPY

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

Minimum Training and Experience: For initial privileges the faculty member must provide evidence and/or attestation from another clinician familiar with their work that they have had supervised instruction in at least 10 thoracenteses. For continued privileges, the faculty member must provide documentation/attestation that he/she has participated in 2 or more procedures in the past 24 months.

Scope of Practice/Privileges

THORACENTESIS

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

LEVEL III

Minimum Training and Experience:
The practice of Sports Medicine is the application of the physician’s knowledge and skills to all persons engaged in sports and exercise. Privileges include prevention, evaluation, management, non-operative treatment, and rehabilitation of musculoskeletal injuries and related medical conditions (e.g. amenorrhea in female athletes). Also included is evaluation prior to participation in exercise.

Faculty requesting this privilege must have a minimum of 5 proctored cases over the first six months of practice by a designee of the Service Chief or Department Chair. Ongoing evaluation will consist of a minimum of 20 reviewed cases over each two year period.
Faculty members will have completed a fellowship in Sports Medicine and have a Certificate of Added Qualification (CAQ) in Primary Care Sports Medicine from an ABMS member board, or be qualified to sit for the exam. The CAQ must be obtained within 2 years of appointment to the Medical Staff.

**Scope of Practice/Privileges**

**SPORTS MEDICINE**

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

---

**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.

---

**LEVEL IV**

**Scope of Practice/Privileges**

**SURGICAL VASECTOMY (Granted only at the discretion of the Chair/Chief of Department)**

**Additional Education, Training and Experience:**

Faculty currently performing vasectomies must maintain sufficient skill and privileges by performing 10 procedures in a 12 month period. New faculty who have performed vasectomies elsewhere must have a letter from their previous credentialing chair or another licensed board certified physician who can attest to their skills. The applicant will have at least two procedures proctored by a designee of the Service Chief or Department Chair.

Applicant Signature: ____________________________ Date: ________________

Service Chief of Section of Urology: ____________________________ Date: ________________

Service Chief of Primary Department: ____________________________ Date: ________________

Chairman of Primary Department: ____________________________ 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: ______

CREDENTIALS COMMITTEE ACTION:

Approval as Not Approved
____ Requested ____ (please explain) ______________________________________________________

Credentials Committee Member: _____________________ Date: ______

EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS ACTION:

Approval as Not Approved
____ Requested ____ (please explain) ______________________________________________________

Executive Committee On Clinical Affairs - Member: _____________________ Date: ______