



University of Michigan Hospitals and  
Health Centers

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)

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## **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)

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**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)

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**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)

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

Successful completion of an ACGME- or AOA- accredited residency in internal medicine. Demonstrated current competence and evidence of the performance of at least three (3) cases in the past 12 months or completion of training in the past 12 months with documented evidence of competency for endometrial biopsy in an approved setting. **FPPE NEW HIRE/NEW PRIVILEGE:** Newly privileged practitioners will be monitored for at least three (3) cases. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least six (6) cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**Scope of Practice/Privileges**

**ENDOMETRIAL BIOPSY**

- Requested (Applicant)                       Recommended approval (Service Chief/Chair)
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**Minimum Training and Experience:**

Successful completion of an ACGME- or AOA- accredited residency in internal medicine. Demonstrated current competence and evidence of the performance of at least three (3) insertions in the past 12 months or completion of training in the past 12 months with documented evidence of competency for IUD placement and removal and completion of six (6) insertions. **FPPE NEW HIRE/NEW PRIVILEGE:** Newly privileged practitioners will be monitored for at least one (1) insertion. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least six (6) insertions in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**Scope of Practice/Privileges**

**IUD PLACEMENT AND REMOVAL**

- Requested (Applicant)                       Recommended approval (Service Chief/Chair)
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**Minimum Training and Experience:**

Successful completion of an ACGME- or AOA- accredited residency in internal medicine. Demonstrated current competence and evidence of the performance of at least three (3) cases in the past 12 months or completion of training in the past 12 months with documented evidence of competency for vulvar biopsy in an approved setting. **FPPE NEW HIRE/NEW PRIVILEGE:** Newly privileged practitioners will be monitored for at least three (3) cases. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least six (6) cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**Scope of Practice/Privileges**

**VULVAR BIOPSY**

- Requested (Applicant)                       Recommended approval (Service Chief/Chair)
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**Minimum Training and Experience:**

Successful completion of an ACGME- or AOA- accredited residency in internal medicine. Demonstrated current competence and evidence of the performance of at least one (1) placement and one (1) removal in the past 12 months

or completion of training in the past 12 months with documented evidence of competency for hormonal contraceptive rod placement and removal in an approved setting. **FPPE NEW HIRE/NEW PRIVILEGE:** Newly privileged practitioners will be monitored for at least one (1) placement and one (1) removal. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least two (2) placements and two (2) removals in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**Scope of Practice/Privileges**

**HORMONAL CONTRACEPTIVE ROD (E.G. NEXPLANON) PLACEMENT AND REMOVAL**

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

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**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 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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_