



University of Michigan
Hospitals and Health Centers

UNIVERSITY OF MICHIGAN HOSPITALS AND HEALTH CENTERS
Delineation of Privileges
Department of Internal Medicine/Division of Molecular Medicine & Genetics
MD Medical/Clinical Geneticist

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, Pediatrics, Obstetrics and Gynecology, Family Practice or a Medical Genetics Residency.

Required previous experience: Active participation in the care of patients during the past 12 months. Minimum certification and Board status: Certification by the American Board of Internal Medicine or another relevant medical specialty (such as Pediatrics, Obstetrics and Gynecology, Family Practice or Medical Genetics) within 5 years of initial appointment. Under exceptional circumstances, the Division Chief and Department Chair can recommend to the Hospital Executive Board (via the Credentials Committee and ECCA) that the Board requirement be waived.

Minimum formal training: Additional specialized training in Medical Genetics.
Required previous experience: Active participation in the care of at least 24 patients with illnesses relevant to the practice of Molecular Medicine and Genetics during the past 12 months. Minimum certification and Board status: The specialized field of adult Medical Genetics has only developed very recently and is rapidly evolving. As a result, very few Internist practitioners nationally (<100) are Board certified in Clinical Genetics by the American Board of Medical Genetics (ABMG). Though certification by the ABMG will satisfy the Division's requirements, Board certification by another relevant subspecialty (eg Medical Oncology for cancer genetics) will also suffice. The Service Chief will review the formal training, board certifications and experience of all Clinical Genetics practitioners in the division to assure that all exhibit sufficient specialized expertise in adult medical/clinical genetics.

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.

Included in the core privileges of Internal Medicine are the following activities. Appropriate education and experience are indicated by successful completion of a medical residency training program and/or by the individual's demonstrated competence in the treatment areas or procedures. Determination of competence is based on the judgment of the Service Chief who will make use of the treatment results and quality measures.

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.

- Admit, evaluate, consult, diagnose, treat and manage inpatients and outpatients of all ages with genetic or possibly genetic disorders.
- Biochemical genetic analyses (interpret lab data)
- Bioinformatics, use of
- Birth defects, treat
- Chromosome number and structure, treat diseases of
- Complex risk assessments
- Congenital malformations, treat
- Counseling for patient/family
- Cytogenetic analyses, interpret lab data
- Dysmorphology
- Forensic computations
- Genetic disorders, explain causes and natural history
- Genetic screening, diagnosing, risk assessment, counseling, and managing
- Inborn errors of metabolism, diagnosis/treatment
- Interaction with other health care professionals to provide services for patients with genetically influenced disorders
- Interpretation of testing: -biopsies -clinical genetic tests -specialized laboratory testing information
- Medical histories of individuals/families, elicit/interpret
- Mendelian disorders, treatment
- Mental retardation/developmental disabilities
- Metabolism, treat inborn errors
- Molecular genetic analyses (interpret lab data)
- Multifactorial disorders, treat
- Paternity computations
- Patient-care decision making, apply knowledge of: -heterogeneity -natural history of genetic disorders - variability
- Pedigree analysis; interpretation of (both segregation and linkage)
- Psychiatric referral; recognize situations requiring
- Quantitative human genetics
- Reproductive genetics
- Skin biopsies for diagnostic purposes
- Syndrome identification
- Teratology

Requested (Applicant)

Recommended approval (Service Chief/Chair)

LEVEL II

Minimum Training and Experience: Appropriate education and experience are indicated by successful completion of an approved residency training program in Internal Medicine, Pediatrics, Obstetrics and Gynecology, Family Practice or a Medical Genetics Residency and/or by the individual's demonstrated competence in the treatment areas or procedures. Determination of competence is based on the judgment of the Service Chief who will make use of treatment results and quality measure, when available.

Scope of Practice/Privileges:

Privileges include being able to admit, work up, diagnose, and provide treatment to patients with hereditary or suspected hereditary diseases including prenatal and pre-conceptual counseling. Privileges also include the provision of comprehensive genetic counseling for hereditary diseases, together with assessment of risk, and specific information concerning available preventive and therapeutic options, including presymptomatic and prenatal diagnosis. Also included is the coordination & clinical interpretation of diagnostic and predictive testing using cytogenetic, biochemical, and DNA/RNA diagnostic techniques.

Physicians with these privileges have the highest level of competence in Medical Genetics 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)** **Recommended approval (Service Chief/Chair)**

Central venous cannulation

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

Fiberoptic flexible sigmoidoscopy

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

Thoracentesis

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

Skin biopsy (punch)

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

Phlebotomy and skin biopsies to obtain specimens for diagnostic testing

- 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 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: _____

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 Requested _____ Not Approved (please explain) _____

Credentials Committee Member: _____ Date: _____

EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS ACTION:

_____ Approval as Requested _____ Not Approved (please explain) _____

Executive Committee On Clinical Affairs - Member: _____ Date: _____