

Delineation of Privileges

Department of Internal Medicine / Infectious Diseases

Applicant's Name

Date *First* *MI* *Last*

Instructions: Check the box corresponding to the privileges that you are requesting. Applicants requesting privileges should only request those privileges when the minimum criteria has been met.

Minimum threshold for requesting core privileges in Department / Service

I meet the following mentioned minimum criteria and request that my application be considered for the privileges as outlined below.

LEVEL I

| Requested | Granted | Scope of Practice / Privileges | Minimum Training and Experience |
|--------------------------|--------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <p>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.</p> <p>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.</p> <p>Included in the core practice of Internal Medicine are the following activities. Check those privileges that are being requested.</p> | <p>Basic education: M.D. or D.O. degree</p> <p>Minimal formal training: Successful completion of an approved residency training program in internal medicine and an approved fellowship in Infectious Diseases.</p> <p>Required previous experience: Active participation in the care of general internal medicine patients during the past 12 months.</p> <p>Minimum certification and Board status: Certification by the American Board of Internal Medicine 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.</p> <p>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 Division Chief who will make use of treatment results and quality measures.</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | Abdominal paracentesis | |
| <input type="checkbox"/> | <input type="checkbox"/> | Arterial puncture for blood gases | |
| <input type="checkbox"/> | <input type="checkbox"/> | Central venous cannulation | |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrocardiogram interpretation | |
| <input type="checkbox"/> | <input type="checkbox"/> | Fiberoptic flexible sigmoidoscopy | |
| <input type="checkbox"/> | <input type="checkbox"/> | Joint aspiration/injection | |
| <input type="checkbox"/> | <input type="checkbox"/> | Lumbar puncture | |
| <input type="checkbox"/> | <input type="checkbox"/> | Nasogastric tube insertion | |
| <input type="checkbox"/> | <input type="checkbox"/> | Thoracentesis | |

LEVEL II

| Requested | Granted | Privileges | Minimum Training and Experience |
|--------------------------|--------------------------|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <p>Privileges include being able to admit, work up, diagnose, and provide treatment to patients presenting with illnesses caused by micro-organisms, including the provision of consultation and the privilege to prescribe or approve the prescription of antimicrobial agent designated for "restricted use only" by the hospital Pharmacy and Therapeutics Committee.</p> <p>Physicians with these privileges have the highest level of competence in Infectious Diseases 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.</p> <p>Included in the practice of Infectious Diseases are the following activities</p> <p>Check those privileges that are being requested:</p> | <p>Minimal formal training: <u>Completion of an approved Fellowship in Infectious Diseases</u></p> <p>Required previous experience: Active participation in the care of at least 24 patients with illnesses relevant to the practice of Infectious Diseases during the past 12 months.</p> <p>Minimal certification and Board status: <u>Certification in the sub specialty of Infectious Diseases is required for faculty who completed subspecialty training after June 1985. Persons trained before this date may not have taken the board examination at the completion of their training. Such individuals will be granted privileges if they have a record of continuous clinical practice in the subspecialty since the completion of training.</u></p> <p>Under exceptional circumstances, the Division Chief and Department Chair can waive the Board requirement if they determine that the applicant has received equivalent training and experience, and has achieved a high level of competence. <i>Exceptional circumstances include:</i></p> <ul style="list-style-type: none"> • Providers who trained prior to the initiation of fellowship programs • Providers who are not board certified because they are foreign medical school graduates and conducted their training outside of the United States. <p>Appropriate education and experience are indicated by successful completion of an Infectious Diseases fellowship 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 Division chief who will make use of treatment results and quality measures.</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | Incise and drain abscesses of skin and adjacent soft tissue | |
| <input type="checkbox"/> | <input type="checkbox"/> | Needle aspirations of accessible foci of infection | |
| <input type="checkbox"/> | <input type="checkbox"/> | Microscopic examination and interpretation of specimens obtained from infected sites | |

LEVEL III

| Requested | Granted | Privileges | Additional Education, Training and Experience |
|--------------------------|--------------------------|------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | |



| | | | |
|--------------------------|--------------------------|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | | |
|--------------------------|--------------------------|--|--|



TO BE COMPLETED BY APPLICANT:

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 _____

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 ___ Disapproved, explain _____

Credentials Committee Member: _____ Date _____

EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS ACTION:

Approval: ___ As Requested ___ Disapproved, explain _____

Executive Committee On Clinical Affairs Member: _____ Date _____