



Delineation of Privileges

Department of Internal Medicine / Metabolism, Endocrinology & Diabetes

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</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.</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: Must be an active candidate for Board Certification, and have achieved Board 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>
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal paracentesis	<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"/>	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	

<input type="checkbox"/>	<input type="checkbox"/>	Percutaneous needle muscle biopsy	Documentation of five or more procedures.
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LEVEL III

Requested	Granted	Privileges	Additional Education, Training and Experience
<input type="checkbox"/>	<input type="checkbox"/>	ULTRASOUND	<p>To be granted privileges in Ultrasound in Metabolism, Endocrinology and Diabetes (MEND), physicians must have both basic and specific qualifications:</p> <p>Basic qualifications:</p> <ol style="list-style-type: none"> 1. When residency and/or fellowship did include documented training and personal experience with performance and interpretation of the ultrasound examination and ultrasound-guided interventional procedures, the physician will be eligible for verification of qualifications in the basic use of ultrasound on review of their documentation from their program director. 2. When residency or fellowship training did not include education and personal experience in the use of ultrasound, completion of a basic educational program in ultrasound physics and instrumentation, providing documentation similar to that of the American Association of Clinical Endocrinologists (AACE), provides verification of qualifications in the use of ultrasound. <p>Specific qualifications:</p> <p>In addition to the basic ultrasound qualifications, physicians are required to be qualified in thyroid gland ultrasound. This requires current competence in the management of the relevant clinical condition together with clinical expertise and training in diagnostic ultrasound. The abilities to distinguish abnormal findings and to perform ultrasound-guided procedures in the relevant clinical condition are also necessary.</p>

			<ol style="list-style-type: none"> 1. These qualifications can be demonstrated by completion of an approved educational program in thyroid ultrasound, either supported by satisfactory documentation from residency or fellowship training, or through completion of a specific AACE or comparable course. 2. A proctored experience of 5 patients examined (with tissue sampling if appropriate) with another clinician who does hold privileges for ultrasound use in thyroid ultrasound must be documented. <p>Reappointment qualifications To maintain proficiency in ultrasound applications, a physician must perform and interpret 24 ultrasound examinations over the 2 year period and have regular ultrasound-related Category 1 CME. Physicians must document that a quality improvement process is established and that records are maintained. To be granted privileges in thyroid ultrasound in MEND, physicians must have both basic and specific qualifications as defined above.</p>

SPECIAL PRIVILEGES

To **APPLY** or **REAPPLY** for the following Special Privileges, a separate application is required.

- 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 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 _____