



Delineation of Privileges Department of Internal Medicine / Nephrology

_____ *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	Recommended	Scope of Practice / Privileges	Minimal 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>Check those privileges that are being requested.</p>	<p>All faculty must have:</p> <ol style="list-style-type: none"> 1. M.D., D.O. or equivalent international degree 2. Completion of an approved Internal Medicine training program or international equivalent 3. ABIM certification or international equivalent or become certified within 5 years of appointment <p>Exceptions to Primary Board Certification may be recommended by the Departmental Chair and Service Chief to the Hospital Executive Board, the Credentials Committee and ECCA to determine that the applicant has received equivalent training and experience, and has achieved a high level of competence.</p>

<input type="checkbox"/>	<input type="checkbox"/>	Abdominal paracentesis	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, when available
<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	Recommended	Privileges	Minimal Training and Experience
<input type="checkbox"/>	<input type="checkbox"/>	<p>Privileges include being able to admit, work up, diagnose, and provide treatment to patients with illnesses and disorders of the kidneys, including patients with renal transplantation; fluid, electrolyte, and acid-base disturbances; hypertensive problems; and all aspects of acute and chronic renal failure, including the provision of consultation.</p> <p>Physicians with these privileges have the highest level of competence in Nephrology 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 Nephrology are the following activities</p> <p>Check those privileges that are being requested:</p>	<p>Minimal formal training required: Fellowship in Nephrology or international equivalent..</p> <p>Minimal Certification and Board Status: Board certified in Renal Diseases by the American Board of Internal Medicine or international equivalent or Board certification within 5 years of initial appointment.</p> <p>Exceptions to Specialty Board Certification may be recommended by the Departmental Chair and Service Chief to the Hospital Executive Board and the Credentials Committee and ECCA to determine that the applicant has received equivalent training and experience, and has achieved a high level of competence.</p> <p>Appropriate education and experience are indicated by successful completion of a Nephrology 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, when available and the advice of the Director of individual programs (e.g. transplantation, dialysis).</p>
<input type="checkbox"/>	<input type="checkbox"/>	Continuous hemofiltration	Subspecialty training in continuous hemofiltration is required to conduct any continuous hemofiltration. Subspecialty training may be documented by fellowship training which includes training in continuous hemofiltration and demonstrated experience by completing a minimum of 5 cases under supervision at the University of Michigan.
<input type="checkbox"/>	<input type="checkbox"/>	Closed renal biopsies	Subspecialty training in closed renal biopsies is required to conduct any closed renal biopsies. Subspecialty training may be documented by fellowship training which includes training in closed renal biopsies and demonstrated experience by completing a

<input type="checkbox"/>	<input type="checkbox"/>	Hemodialysis	<p>minimum of 5 cases under supervision at the University of Michigan.</p> <p>Subspecialty training in hemodialysis is required to conduct any hemodialysis. Subspecialty training may be documented by fellowship training which includes training in hemodialysis and demonstrated experience by completing a minimum of 5 cases under supervision at the University of Michigan.</p>
<input type="checkbox"/>	<input type="checkbox"/>	Percutaneous placement of central venous access catheters for hemodialysis	<p>Subspecialty training in percutaneous placement of central venous access catheters for hemodialysis is required to conduct any such catheter placement. Subspecialty training may be documented by fellowship training which includes training in percutaneous placement of central venous access catheters for hemodialysis and demonstrated experience by completing a minimum of 5 cases under supervision at the University of Michigan.</p>
<input type="checkbox"/>	<input type="checkbox"/>	Peritoneal dialysis	<p>Subspecialty training in peritoneal dialysis is required to conduct any peritoneal dialysis. Subspecialty training may be documented by fellowship training which includes training in peritoneal dialysis and demonstrated experience by completing a minimum of 5 cases under supervision at the University of Michigan.</p>
<input type="checkbox"/>	<input type="checkbox"/>	Tenckhoff Catheter Placement/Removal	<p>Subspecialty training in Tenckhoff catheter placement/removal is required to conduct any Tenckhoff catheter placement/removal. Subspecialty training may be documented by fellowship training which includes training in Tenckhoff catheter placement/removal and demonstrated experience by completing a minimum of 5 cases under supervision at the University of Michigan.</p>
<input type="checkbox"/>	<input type="checkbox"/>	Ultrasound localization for invasive procedures	<p>Subspecialty training in localizing ultrasound as a guide for invasive procedures (e.g. placement of central venous catheters, Tenckhoff catheters, etc.) Subspecialty training may be documented by fellowship training which includes training in ultrasound localization and demonstrated experience by completing a minimum of 5 cases under supervision at the University of Michigan.</p>
<input type="checkbox"/>	<input type="checkbox"/>	All above procedures	<p>Recredentialing will require participating in the care of 24 patients in the last 12 months.</p>

LEVEL III

Requested	Recommended	Privileges	Additional Education, Training and Experience
<input type="checkbox"/>	<input type="checkbox"/>	<p>Interventional Nephrology Vascular Access procedures including angiography / fluoroscopy of dialysis access (grafts and fistulas) including thrombolysis / thrombectomy and angioplasty, and placement, and repair of implantable devices (such as dialysis catheters and ports).</p>	<p>Faculty must meet requirements for American Board of Internal Medicine Subspecialty Board certification or eligibility in Nephrology or equivalent as outlined in level II Nephrology privileges. Faculty must also fulfill level II Nephrology requirements for hemodialysis and peritoneal dialysis privileges. In addition, faculty must obtain privileges by one of the following pathways:</p> <ol style="list-style-type: none"> 1) Documentation of interventional dialysis access procedure experience with a minimum of 50 proctored cases, at least 25 cases involving angioplasty, and 25 cases involving thrombolysis/thrombectomy of fistulas or grafts. 2) Extensive prior experience in conjunction with evidence of 25 cases in the past year involving angiography, angioplasty, or thrombolysis/thrombectomy of fistulas or grafts to demonstrate current proficiency, 3) Training at a program in which Interventional Nephrology is included as part of the Nephrology Training Program that requires a minimum of 50 proctored cases, at least 25 cases involving angioplasty, and 25 cases involving thrombolysis/thrombectomy of fistulas or grafts. <p>Continued experience is documented by performing at least 25 cases per year involving angiography, angioplasty, or thrombolysis of fistulas or grafts.</p>

SPECIAL PRIVILEGES

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

- FLUOROSCOPY for a non-Radiologist/Radiation Oncologist**
- 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 _____