



University of Michigan
Hospitals and Health Centers

UNIVERSITY OF MICHIGAN HOSPITALS AND HEALTH CENTERS
Delineation of Privileges
Department of Internal Medicine/Division of Occupational Medicine

Name: _____
Please Print or Type

LEVEL I CORE PRIVILEGES

Minimum Training and Experience: Basic education: M.D. or D.O. degree

Required previous experience: Active participation in the care of occupational medicine patients during the past 12 months.

Minimum certification and Board status: Certification by the following within five years of appointment:

- American Board of Internal Medicine
- American Board of Preventive Medicine

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.

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.

Comprehensive evaluation, consult, diagnosis, management and treatment to individuals on a outpatient basis due to work-related problems and prevention planning for at risk individuals or groups for occupational and/or environmental disease conditions due to exposures to: chemical, physical, biological, ergonomic stressors.

Diagnosis or therapeutic procedures: tests, interpretations, including spirometry, toxicologic biological monitoring, radiographs, audiograms, hygiene sampling results, epidemiology, including study design, risk assessment, investigation, health care analysis, occupational medicine program management, including evaluation of workplace monitoring program, medical management of Federal Employee Compensation Act.

Specific occupational and environmental disease conditions include occupations: pulmonary disease (includes pneumoconiosis), skin diseases, musculoskeletal disease (includes cumulative trauma disorders), communicable diseases, hypersensitivity, renal disorders, reproductive disorders, neurologic or psychiatric disorders, hematological disorders, gastro or hepatic disorders, physical agent disorders (heat, cold, ambient pressures, ionizing, radiation, noise and vibration), toxicological conditions, substance abuse/dependence, environmental illness and hazards.

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

LEVEL II

Minimum Training and Experience

Applicant must be deemed competent in Level I privileges. Must demonstrate regular involvement in the direct delivery of occupational health services.

Scope of Practice/Privileges

Privileges include consultation of inpatients and outpatients with specific exposures to occupational or environmental hazards.

Outpatient care procedures include: routine repair of simple lacerations, incision and drainage of minor abscesses, in orthopaedic trauma care such as diagnosing and splinting simple fractures and dislocations, treatment of minor burns, joint aspiration injection, removal of imbedded corneal foreign bodies.

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

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: _____