Delineation of Privileges
Department of Internal Medicine
Division of Pulmonary and Critical Care Medicine

Name: ___________________________________________________________________________________
Please Print or Type

LEVEL I CORE PRIVILEGES
Scope of Practice for INTERNAL MEDICINE/GENERAL MEDICINE

To qualify for the subspecialty of Pulmonary and Critical Care Medicine, a practitioner must first be trained in General Internal Medicine. Therefore a practitioner who is granted Pulmonary and Critical Care Medicine privileges is automatically granted privileges in General Medicine that may be found at:

www.med.umich.edu/i/oca/pdfs/IM-General.pdf

LEVEL I CORE Scope of Practice for IM/PULMONARY AND CRITICAL CARE MEDICINE

Minimum Training and Experience:
Minimal formal training: Fellowship in Pulmonary and Critical Care Medicine.
Required Previous Experience: Active participation in the care of patients with illnesses relevant to the practice of Pulmonary and Critical Care Medicine during the past 12 months.
Minimum certification and Board status: Board certified in Pulmonary diseases by the American Board of Internal Medicine within 5 year of initial appointment. 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.

Appropriate education and experience are indicated by successful completion of a Pulmonary and Critical Care Medicine 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.

Scope of Practice/Privileges
Privileges include being able to admit, work up, diagnose, and provide treatment to patients presenting with conditions, injuries, and diseases of the organs of the thorax or chest including the lungs, cardiovascular and tracheobronchial systems, esophagus and other mediastinal contents, diaphragm and circulatory system.

Physicians with these privileges have the highest level of competence in Pulmonary and Critical Care Medicine 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.

Included in the practice of Pulmonary and Critical Care Medicine are the following:

- Bronchoscopy with needle aspiration, lavage, brushing and biopsy
- Cardiopulmonary resuscitation
- Chest tube insertion and management
- Hemodynamic monitoring
- Management of mechanical ventilation
- Methacholine challenge testing
- Non-invasive cardiovascular monitoring including electrocardiogram
- Placement of arterial, central venous, and pulmonary artery catheters
- Pleural biopsy
- Pulmonary function testing and cardiopulmonary exercise testing
- Thoracentesis
- Tracheal intubation
- Transtracheal catheter placement

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

LEVEL II

Scope of Practice/Privileges

Bedside Percutaneous Tracheostomy (PDT)

Minimum training and Experience
Experience in emergency airway management before learning PDT; "at least 20 procedures in a supervised setting to establish basic competency." To maintain competency, dedicated operators should perform at least 10 procedures per year. Interventional Pulmonary Procedures: Guidelines from the American College of Chest Physicians; Ernst, Chest 2003; 123:1715.

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

Fine Needle Biopsy

Procedure: Diagnostic Fine Needle Biopsy for superficial lymph nodes

Initial Criteria: New faculty members who have performed or been trained in fine needle biopsy elsewhere must provide a letter from program director, department chair, service chief or other qualified individual who can attest to the competence in the procedure. Faculty members who have not
performed fine needle biopsy previously or within the last year will perform two (2) fine needle biopsies with a credentialed faculty member present.

**Monitoring requirements for new hire or add privileges:** Minimum of two (2) proctored procedures

**Renewal criteria:** To maintain competency, dedicated operators should perform at least 4 cases over 2 years.

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

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**SLEEP MEDICINE** (Practicing Specialist in Sleep Medicine)

**Minimum Training and Experience** A practicing specialist in sleep medicine must have completed an M.D. or D.O degree; an accredited residency in anesthesiology, neurology, psychiatry, internal medicine, otolaryngology, family medicine, or pediatrics; and a one-year fellowship (or equivalent training) in sleep disorders medicine. The physician must be board certified by the American Board of Sleep Medicine, or within 5 years of completion of an accredited fellowship in sleep medicine.

**Scope of Services/Privileges** A physician must be skilled in the evaluation and treatment of sleep disorders. This sleep evaluation requires elicitation of a pertinent sleep and wakefulness history. The physician must perform a physical examination pertinent to potential sleep disorders, general health status, and when necessary neurological, pulmonary and psychiatric health. Privileges include: 1) develop a provisional diagnosis and differential diagnosis; 2) decide on utilization of tests for further evaluation of the illness; 3) communicate a plan with the patient and/or care giver and the referring physician; 4) review and interpret any additional tests ordered; 5) render a final therapeutic plan. The physician is expected to read nocturnal polysomnograms, daytime multiple sleep latency tests or variants thereof, and ambulatory cardiorespiratory sleep studies.

☐ 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:

- Chemotherapy for Non-Oncologists (MC-IP1027E Chemotherapy Authorizing Provider)
- Fluoroscopy (RADI-10100 Fluoroscopy Privileging)
- Hyperbaric Oxygen Therapy ([http://www.med.umich.edu/i/oca/mss/hbot.htm](http://www.med.umich.edu/i/oca/mss/hbot.htm))
- Laser (OPER-1011 Laser Privileging)
- Robotics (RADI-10102 Privileges for Use of the Robotic Surgical Platform)
- Sedation Analgesia (ANES-28048 Moderate Sedation, ANES-20023 Deep Sedation)

Applications can be found in MLearning for all these privileges with the exception of Hyperbaric Oxygen Therapy. Please go to MLearning to access and complete the associated learning module and privileging form. Please contact Medical Staff Services at (734) 647-6865 with any questions.
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.

Service Chief: __________________________ Date: ________
Department Chair: __________________________ Date: ________

MEDICAL STAFF MEMBERSHIP APPROVALS

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