



# MICHIGAN MEDICINE

## UNIVERSITY OF MICHIGAN

### 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](http://www.med.umich.edu/i/oca/pdfs/IM-General.pdf)

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#### 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 years of completion of accredited training.

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  
Management of non-invasive ventilation  
Non-invasive cardiovascular monitoring including electrocardiogram  
Placement of arterial, central venous, and pulmonary artery catheters  
Pulmonary function testing and cardiopulmonary exercise testing  
Thoracentesis  
Tracheal intubation

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

**LEVEL I CORE**    **Scope of Practice for 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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## LEVEL II

### Scope of Practice/Privileges for Advanced Pulmonary Medicine

**Minimum Training and Experience:** Minimal formal training: ACGME-accredited 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 years of completion of accredited training. Appropriate education and experience are indicated by successful completion of a Pulmonary and Critical Care Medicine Fellowship training program and the individual's demonstrated competence in the treatment areas or procedures. This may also include documentation of successful completion of industry sponsored training. Determination of competence is based on the judgment of the Service Chief who will make use of treatment results and quality measures, when available.

**Scope of Services/Privileges:** Privileges include being able to admit, work up, diagnose, and provide treatment to patients presenting with pulmonary conditions requiring specialized procedures and interventions outside the scope of standard fellowship training in Pulmonary and Critical Care Medicine.

#### Advanced Pulmonary Procedures:

Requested	Recommended	Procedure	For initial appointment	For re-appointment	FPPE
<input type="checkbox"/>	<input type="checkbox"/>	Percutaneous needle aspiration	5 procedures during formal training or previous clinical practice	10 cases every two years	Proctored for 3 procedures
<input type="checkbox"/>	<input type="checkbox"/>	Endobronchial ultrasound (EBUS)	10 procedures during formal training or previous clinical practice	10 cases every two years	Proctored for 3 procedures
<input type="checkbox"/>	<input type="checkbox"/>	Navigational bronchoscopy	10 procedures during formal training or previous clinical practice	20 cases every two years	Proctored for 3 procedures
<input type="checkbox"/>	<input type="checkbox"/>	Placement of indwelling pleural catheter	10 procedures during formal training or previous clinical practice	10 cases every two years	Proctored for 3 procedures
<input type="checkbox"/>	<input type="checkbox"/>	Percutaneous tracheostomy	10 procedures during formal training or previous clinical practice	20 cases every two years	Proctored for 3 procedures
<input type="checkbox"/>	<input type="checkbox"/>	Whole lung lavage	5 procedures during formal training or previous clinical practice	10 cases every two years	Proctored for 3 procedures
<input type="checkbox"/>	<input type="checkbox"/>	Bronchial thermoplasty	5 procedures during formal training or previous clinical practice	10 cases over two years	Proctored for 3 procedures
<input type="checkbox"/>	<input type="checkbox"/>	Endobronchial valve placement	5 procedures during formal training or previous clinical practice	10 cases over two years	Proctored for 3 procedures

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## LEVEL III

### INTERVENTIONAL PULMONOLOGY

**Minimum Training and Experience:** In addition to Level I Core privilege requirements, physicians must complete a one year accredited comprehensive fellowship training program in Interventional Pulmonology. This must include formal training to use specialty equipment needed to perform interventional pulmonology procedures. Required previous experience includes a letter from interventional Pulmonary fellowship director attesting to each procedural competency or a procedure log for physicians who have been out of fellowship for two years or more. Minimum certification and Board status: Board certified in Pulmonary diseases by the ABIM within 2 years of completion of accredited training and Board certified in Interventional Pulmonology by the American Association for Bronchology and Interventional Pulmonology (AABIP).

**Scope of Services/Privileges:** Privileges include being able to admit, work up, diagnose, and provide treatment to patients presenting with pulmonary conditions that require specialized fellowship training in Interventional Pulmonology.

Procedures	For initial appointment	For reappointment	FPPE
Transbronchial Cryotherapy	10 procedures performed during formal training or previous clinical practice	100 cases every two years with a minimum of 5 in each category.	Proctored for 3 procedures from each category.
Bronchoscopy - Argon plasma coagulation and electrocautery	10 procedures performed during formal training or previous clinical practice		
EBUS	10 procedures performed during formal training or previous clinical practice		
Balloon dilation	10 procedures under during formal training or previous clinical practice		
Laser bronchoscopy (laser privileges required)	Completion of an approved laser course and 10 procedures performed during formal training or previous clinical practice		
Airway Stents-metal and silicone	10 procedures performed during formal training or previous clinical practice		
Medical thoracoscopy	10 procedures performed during formal training or previous clinical practice		
Rigid bronchoscopy	10 procedures performed during formal training or previous clinical practice		
Placement of indwelling pleural catheter	10 procedures performed during formal training or previous clinical practice		
Percutaneous endoscopic gastrostomy	5 procedures performed during formal training or previous clinical practice		
Percutaneous Tracheostomy	10 procedures performed during formal training or previous clinical practice		

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

## 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>)
- 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

FOR MEDICAL STAFF SERVICES USE ONLY			
Committee	Date	Committee Decision	
Credentialing and Privileging Committee		<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
Executive Committee on Clinical Affairs		<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
Health System Board		<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved