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/mss/pdf/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 activities (unless deleted by striking through*).

*Strike through those privileges that are not being requested

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)
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)

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:

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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:

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Credentials Committee Member: ______________________ Date: _____

EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS ACTION:

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Executive Committee On Clinical Affairs - Member: ______________________ Date: _____