

Delineation of Privileges Department of Internal Medicine / Rheumatology

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	Minimum Training and Experience
<input type="checkbox"/>	<input type="checkbox"/>	<p>Privileges include admission, work up, diagnosis, and provision of treatment including consultation for patients who are admitted or in need of care to treat general medical problems in addition to patients with rheumatic diseases.</p> <p>Core Area of Practice of Rheumatology: Privileges include being able to admit, work up, diagnose and provide treatment to patients with rheumatic diseases. Physician with these privileges have the highest level of competence in Rheumatology on a par with that considered appropriate for a subspecialist. They are qualified to act as consultants or as principal physicians for patients with the rheumatological illnesses.</p> <p>They are qualified to perform arthrocentesis and injection of joints, bursae and other periarticular structures; closed synovial biopsy; and, with documented training and proficiency, biopsy of muscle and minor salivary gland tissue.</p>	<p>M.D. or D.O. degree</p> <p>Minimal formal training: Successful completion of an approved residency training program in internal medicine.</p> <p>Required previous experience: Active participation in the care of general internal medicine patients during the past 12 months.</p> <p>Minimum certification and Board status: Certification by the American Board of Internal Medicine (or equivalent credentials) within 5 years of initial appointment. Under exceptional circumstances, the Division Chief and Department Chair can recommend to the Hospital Executive Board (via the Credentials Committee and ECCA) that the Board requirement be waived.</p> <p>Complete fellowship in Rheumatology. Active participation in the care of at least 24 patients with illnesses relevant to the practice of Rheumatology during the past 12 months. Board certification in Rheumatology by the American Board of Internal Medicine (or equivalent credentials) is required within 5 years of initial appointment. Under exceptional circumstances, the Division Chief and Department Chair can recommend to the Hospital Executive Board (via the Credentials Committee and ECCA) that the Board requirement be waived.</p>

LEVEL I (continued)

Requested	Recommended	Scope of Practice / Privileges	Minimum Training and Experience
			<p>Appropriate education and experience are indicated by successful completion of a Rheumatology 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.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Musculoskeletal ultrasound for guiding procedures, including the isolation and aspiration of fluid collections, and therapeutic injections.</p>	<p>Qualification in musculoskeletal ultrasound requires knowledge of ultrasound physics and instrumentation as well as clinical competence in the management of relevant musculoskeletal conditions together with clinical expertise and training in diagnostic ultrasound. The abilities to distinguish abnormal findings to perform ultrasound-guided procedures in the relevant clinical condition are also necessary.</p> <ol style="list-style-type: none"> 1. These qualifications can be demonstrated by completion of an education program covering ultrasound physics and instrumentation, normal and pathologic musculoskeletal anatomy, and "hands-on" experience. 2. A proctored experience of 10 musculoskeletal ultrasound-guided interventional procedures (with arthrocentesis or injection if appropriate) with another clinician who does hold privileges in musculoskeletal ultrasound must also be documented. <p><u>New faculty who have performed musculoskeletal ultrasound elsewhere will supply proof of didactic ultrasound education, either a letter from residency or fellowship director or an intensive CME course. A letter from their previous credentialing Chair, residency/fellowship Director, or another Board Certified physician who can supply this information is acceptable. Must present proof of 10 proctored or 24 independently performed musculoskeletal ultrasound-guided interventional procedures.</u></p> <p><u>Faculty who are currently performing musculoskeletal ultrasound must maintain proficiency by obtaining appropriate CME and performing at least 10 musculoskeletal ultrasound-guided interventional procedures a year.</u></p>



Requested	Recommended	Privileges	Minimum Training and Experience
<input type="checkbox"/>	<input type="checkbox"/>	<p>Arthroscopy - Level I Diagnostic procedures and minor treatment utilizing arthroscope. Patient selection includes the special needs of older patients and those who have experienced prior procedures such as arthrotomy or synovectomy. Privileges restricted to the knee.</p> <p>Arthroscopy includes the following:</p> <ul style="list-style-type: none"> • Skillful internal examination of the knee joint; utilizing established techniques; • Removal of small loose fragments and foreign bodies; • Synovial biopsy; • Plica resection; <p>Lavage for infection or arthritis.</p>	<p>Documented individualized training including observation of 25 arthroscopies with a qualified arthroscopist. Satisfactory completion of a minimum of 5 arthroscopic procedures. Following initial approval a minimum of 10 procedures must be performed annually to maintain privileges.</p> <p>Annual submission of arthroscopy video tape for peer review.</p> <p>Complication rates must be within the threshold assigned by the multidisciplinary committee. All sentinel events will be reviewed by the committee.</p> <p>Proficiency determined by multidisciplinary review of arthroscopy video. To maintain privileges a minimum of 10 procedures must be completed annually. Complication rates must be within the threshold assigned by the multidisciplinary committee for diagnostic or intermediate arthroscopy. All sentinel events will be reviewed by the committee.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Protocol patients limited to the clinical research center</p>	

LEVEL II

Requested	Recommended	Privileges	Minimum Training and Experience
<input type="checkbox"/>	<input type="checkbox"/>	<p>Arthroscopy - Intermediate Scope of privileges includes more complicated, technically challenging utilization of the arthroscope including the following:</p>	Proficiency determined by multidisciplinary review of arthroscopy video. To maintain privileges a minimum of 10 procedures must be completed annually. Complication rates must be within the threshold assigned by the multidisciplinary committee for diagnostic or intermediate arthroscopy. All sentinel events will be reviewed by the committee.
<input type="checkbox"/>	<input type="checkbox"/>	<p>KNEE</p> <ul style="list-style-type: none"> • Removal of meniscal tag and/or debridement of a non-repairable meniscal tear; • Synovectomy; • Debridement of torn ligament, degenerative cartilage or bone spurs; • Release of adhesions. <p>Procedures considered "Level I" for the knee are Level II for other large joints (ankle, shoulder, wrists). Each joint is privileged separately. Privileges include:</p> <ul style="list-style-type: none"> • Skillful internal examination of the joints; utilizing established techniques; • Removal of small loose fragments and foreign bodies; • Synovial biopsy; • Lavage for infection or arthritis. 	<p>A video must be reviewed for credentialing for:</p> <ul style="list-style-type: none"> • Debridement of meniscal tear • Debridement of torn ligament/degenerative cartilage/bone spur • Synovectomy <p>A minimum (total) of five of the above, including one each, must be completed annually.</p> <p>A video of arthroscopy of each joint must be submitted for credentialing.</p> <p>Performance of arthroscopy of each joint must be documented annually.</p>

LEVEL III

Requested	Recommended	Privileges	Additional Education, Training and Experience
		No Level III Privileges as of 12/03/04.	



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 _____