



Delineation of Privileges

Department of Internal Medicine /Division of Hospital Medicine

Name: _____

Please Print or Type

LEVEL I CORE PRIVILEGES

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

Minimal formal training: Successful completion of an approved residency training program in internal medicine or family medicine.

Required previous experience: Active participation in the care of general internal medicine patients during the past 18 months.

Minimum certification and Board status: Certification by the American Board of Internal Medicine, American Osteopathic Board of Internal Medicine, American Board of Family Medicine, or American Osteopathic Board of Family Physicians within five years of completion of accredited training; and subsequent maintenance of certification

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/procedures/types of patient problems included in the description of privileges.

- Abdominal paracentesis
- Admit, evaluate, diagnose, manage, consult, and treat adult patients in need of preventive health care and non-surgical medical care for all stages of acute and/or chronic illnesses.
- Blood smear technique/interpretation
- Bursa and joint aspiration/injection, basic joint fluid analysis
- General Lumbar Puncture
- Joint aspiration/injection
- Outpatient pulmonary function studies
- Swan-Ganz interpretation

☐ **Requested (Applicant)**

☐ **Recommended approval (Service Chief/Chair)**

LEVEL II

Minimum Training and Experience For initial privileges the faculty member must provide evidence and/or attestation from another clinician familiar with their work that they have had supervised instruction in at least 10 central venous cannulations. For continued privileges, the faculty member must provide documentation/attestation that he/she has participated in 2 or more procedures in the past 24 months.

Scope of Practice/Privileges

CENTRAL VENOUS CANNULATION

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

Minimum Training and Experience For initial privileges the faculty member must provide evidence and/or attestation from another clinician familiar with their work that they have had supervised instruction in at least 30 flexible sigmoidoscopies. For continued privileges, the faculty member must provide documentation/attestation that he/she has participated in 5 or more flexible sigmoidoscopies in the past 24 months. (For those faculty with specific subspecialty training in gastroenterology, sigmoidoscopies are considered a Level I procedure).

Scope of Practice/Privileges

FIBEROPTIC FLEXIBLE SIGMOIDOSCOPY

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

Minimum Training and Experience For initial privileges the faculty member must provide evidence and/or attestation from another clinician familiar with their work that they have had supervised instruction in at least 10 thoracenteses. For continued privileges, the faculty member must provide documentation/attestation that he/she has participated in 2 or more procedures in the past 24 months.

Scope of Practice/Privileges

THORACENTESIS

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

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: _____

SURGICAL VASECTOMY (Granted only at the discretion of the Chair/Chief of Department)

Faculty currently performing vasectomies must maintain sufficient skill and privileges by performing 10 procedures in a 12month period. New faculty who have performed vasectomies elsewhere must have a letter from their previous credentialing chair or another licensed board certified physician who can attest to their skills. The applicant will have at least two procedures proctored by a designee of the Service Chief or Department Chair.

Applicant Signature: _____ Date _____

Service Chief of Section of Urology: _____ Date _____

Service Chief of Primary Department: _____ Date _____

Chairman of Primary Department: _____ Date _____

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: _____

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