

Name: _____ **Application Date:** _____

Initial privileges (initial appointment)

Requested

Renewal of privileges (reappointment)

Requested

Expansion of privileges (modification)

Requested

Clinic: _____ **Location:** _____

Instructions

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by UNMMG for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

1. Note that privileges granted may only be exercised at UNMMG clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document.
2. This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Policies Governing Scope of Practice

Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the hospital and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.

Periodic Competence Assessment

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the Practice Oversight Committee's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice is recommended/required as mandated by licensure.

Qualifications for Internal Medicine

Initial Applicant - To be eligible to apply for privileges in internal medicine, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in internal medicine

AND

Current certification or active participation in the examination process leading to certification in internal medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine

AND

Required current experience: Applicants must be able to demonstrate provision of care for an adequate volume of patients, reflective of scope of privileges requested with acceptable outcomes during the past 12 months, or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Renewal of Privileges - To be eligible to renew privileges in internal medicine, the reapplicant must meet the following criteria:

Current demonstrated competence and an adequate volume and experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES: *Internal Medicine*

Evaluate, diagnose, treat, and provide consultation to patients 16 years of age and older with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, and genitourinary systems. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Requested

Internal Medicine Core Procedures List

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Abdominal paracentesis
2. Arthrocentesis and joint injections
3. Burns, superficial and partial thickness
4. I & D abscess
5. Local anesthetic techniques
6. Lumbar puncture
7. Perform skin biopsy and excision or destruction of skin nodules or lesions
8. Perform history and physical exam
9. Placement of anterior and posterior nasal hemostatic packing
10. Interpretation of electrocardiograms
11. Remove non-penetrating corneal foreign body, nasal foreign body
12. Thoracentesis
13. Trigger point injections

Qualifications for Geriatric Medicine

(Applicable when an Internal Medicine/Family Medicine Physician treats Geriatric patients only)

Initial Applicant - To be eligible to apply for privileges in geriatric medicine, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in Internal Medicine or Family Medicine followed by an ACGME AOA-accredited fellowship in geriatric medicine.

AND

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in geriatric medicine by the American Board of Internal Medicine or Family Medicine, or a Certificate of Added Qualifications in geriatric medicine by the American Osteopathic Board of Internal Medicine or Family Medicine.

AND

Required current experience: Applicants must be able to demonstrate provision of care to an adequate volume of inpatients/outpatients, reflective of scope of privileges requested with acceptable outcomes during _____ in the past 12 months, or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Renewal of Privileges: - To be eligible to renew privileges in geriatric medicine, the reapplicant must meet the following criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Core Privileges: Geriatric Medicine

Evaluate, diagnose, treat, or provide consultation to older adult patients with illnesses and disorders that are especially prominent in the elderly, or have different characteristics in the elderly, including neoplastic, cardiovascular, neurologic, musculoskeletal, metabolic, and infectious disorders. This would include diagnostic, therapeutic, preventive and rehabilitative aspects of illness in the elderly. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Geriatric Medicine Procedures List

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

Requested

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Apply the general principles of geriatric rehabilitation, including those applicable to patients with orthopedic, rheumatologic, cardiac, and neurologic impairments
2. Assess patient to includes medical, affective, cognitive, functional status, social support, economic, and environmental aspects related to health
3. Manage areas of special concern such as falls and incontinence
4. Manage aspects of preventive medicine, including nutrition, oral health, exercise, screening, immunization, and chemoprophylaxis against disease
5. Manage the appropriate interdisciplinary coordination of the actions of multiple health professionals, including physicians, nurses, social workers, dieticians, and rehabilitation experts, in the assessment and implementation of treatment
6. Perform history and physical exam
7. Recognize and evaluate cognitive impairment
8. Treat and prevent iatrogenic disorders

Special Non-Core Privileges (See Specific Criteria)

If desired, non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required experience, and maintenance of clinical competence.

Qualifications for Contraceptive Implant - insertion and removal

Criteria: *Completion of training program required for device specific insertion*

Required Current Experience: *Demonstrated current competence and evidence of performance of an acceptable volume of device specific insertions and with acceptable results, in the past 12 months*

Renewal of Privilege: *Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.*

Non-Core Privileges: Contraceptive Implant - insertion/removal

Request

Qualifications for Exercise Testing Treadmill

Criteria: Successful completion of an ACGME or AOA-accredited residency in internal medicine that included a minimum of four weeks or the equivalent of training in the supervision and interpretation of exercise testing and evidence that the training included participation in at least 50 exercise procedures.

Required previous experience: Demonstrated current competence and evidence of the performance of at least 25 exercise tests in the past 12 months.

Renewal of privilege: Demonstrated current competence and evidence of the performance of at least 50 exercise tests in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-Core Privileges: Exercise Testing - Treadmill

Requested

Acknowledgment of practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNMMG Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by UNMMG Clinic and medical staff policies and rules applicable to generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed _____ Date _____

Medical Director Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Notes: _____

SOM Department Chair (print & sign): _____ **Date:** _____

UNMMG Medical Director (print & sign): _____ **Date:** _____

CMO: _____ **Date:** _____

Criteria Approved by UNMMG Board of Directors (EC) on **6/23/14**