



## Privileges in Internal Medicine Service

# SAMPLE



### Required Qualifications

<b>Education/Training</b>	<p>Successful completion of an ACGME or AOA-accredited residency/fellowship in internal medicine or foreign equivalent training.</p> <p style="text-align: center;"><b>AND</b></p> <p>Current certification or active participation in the examination process in Internal Medicine by the American Board of Internal Medicine or in Internal Medicine by the American Osteopathic Board of Internal Medicine or foreign equivalent training/board.</p>
<b>Additional Credentialing Criteria (Initial and Reappointment)</b>	<p>In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years</p> <p>Use of Fluoroscopy Equipment- Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required</p> <p>Membership and privileges at LPCH to admit, treat patients 14 years old and younger</p> <p>Teaching appointment to work in SHC outpatient clinics</p> <p>To be granted Central Venous Catheter Insertion must complete "Getting to Zero" educational module. Minimum of 10 procedures within the previous 2 years - Case log required.</p>
<b>Clinical Experience (Initial)</b>	<p>Fiberoptic sigmoidoscopy; Fiberoptic sigmoidoscopy - Must present case log of at least 20 supervised cases for review and approval by Chief, Gastroenterology before privilege can be granted.</p> <p>IUD insertion - Must present case log of at least 5 supervised cases for review and approval before privilege can be granted.</p>
<b>Clinical Experience (Reappointment)</b>	<p>Core - Active participation in ABIM Maintenance of Certification Program (if time-limited certification)</p> <p>Current certification or active participation in the examination process in Internal Medicine by the American Board of Internal Medicine or in Internal Medicine by the American Osteopathic Board of Internal Medicine or foreign equivalent training/board.</p> <p>Management of minimum 60 Core inpatients/outpatients required in the past two years.</p> <p>Minimum of 20 cases required in the past 2 years - Fiberoptic sigmoidoscopy; Fiberoptic sigmoidoscopy</p> <p>Minimum of 10 cases required in the past 2 years - IUD insertion; Central Venous Catheter Insertion</p>
<b>FPPE Chart Reviews</b>	<p>FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS</p>

5 chart reviews - Core; Administration of Moderate Sedation  
3 chart reviews - Central Venous Catheter Insertion

**FPPE Observations**

5 observations - Fiberoptic sigmoidoxcopy - dianostic only; Fiberoptic sigmoidoscopy - with biopsy; IUD insertion

**Provide care on LPCH patients in specific areas of SHC**

Request  <input type="checkbox"/>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
	<b>Additional Request</b>	
<input type="checkbox"/>	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	<input type="checkbox"/>

**Core Privileges**

**Description:** Privileges included in the Core: Privileges to admit, evaluate, diagnose, perform history and physical exam, consult, and provide non-surgical treatment to patients presenting with general medical problems.

Request  <input type="checkbox"/>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
	<b>Privileges included in the Core:</b>	
<input type="checkbox"/>	Privileges to admit, evaluate, diagnose, perform history and physical exam, consult, and provide non-surgical treatment to patients presenting with general medical problems.	<input type="checkbox"/>
<input type="checkbox"/>	Lumbar puncture	<input type="checkbox"/>
<input type="checkbox"/>	Skin biopsy	<input type="checkbox"/>
<input type="checkbox"/>	Rigid sigmoidoscopy	<input type="checkbox"/>
<input type="checkbox"/>	Arterial puncture	<input type="checkbox"/>
<input type="checkbox"/>	Arterial line placement, percutaneous (Must present case log before the privilege can be granted) (Must perform 5 per Year)	<input type="checkbox"/>
<input type="checkbox"/>	Central venous line placement (Must present case log before the privilege can be granted) (Must perform 5 per Year)	<input type="checkbox"/>
<input type="checkbox"/>	Diagnostic and therapeutic paracentesis (Must present case log before the privilege can be granted) (Must perform 5 per Year)	<input type="checkbox"/>
<input type="checkbox"/>	Diagnostic thoracentesis (Must present case log before the privilege can be granted) (Must perform 5 per Year)	<input type="checkbox"/>
<input type="checkbox"/>	Electrocardiogram -performance and bedside interpretation	<input type="checkbox"/>
<input type="checkbox"/>	Aspiration of intra-, subcutaneous cysts, furnuncles, etc.	<input type="checkbox"/>
<input type="checkbox"/>	Arthrocentesis - small joint	<input type="checkbox"/>
<input type="checkbox"/>	Arthrocentesis, large joint	<input type="checkbox"/>
<input type="checkbox"/>	Therapeutic injection, large joint, small joint	<input type="checkbox"/>
<input type="checkbox"/>	Anoscopy	<input type="checkbox"/>
<input type="checkbox"/>	Diaphragm fitting	<input type="checkbox"/>
<input type="checkbox"/>	I & D cutaneous abscess	<input type="checkbox"/>
<input type="checkbox"/>	IUD removal	<input type="checkbox"/>
<input type="checkbox"/>	Liquid nitrogen treatment warts, keratoses	<input type="checkbox"/>
<input type="checkbox"/>	Removal of non-penetrating corneal foreign body, foreign body from conjunctival sac, ear, nose, skin	<input type="checkbox"/>
<input type="checkbox"/>	Suture minor lacerations	<input type="checkbox"/>

<input type="checkbox"/>	Toe nail avulsion	<input type="checkbox"/>
<input type="checkbox"/>	Endotracheal tube placement - emergent	<input type="checkbox"/>
<input type="checkbox"/>	EKG Interpretation (performance and bedside interpretation)	<input type="checkbox"/>

**SPECIAL PRIVILEGES**

**Description:** Must also meet Required Qualifications for Core Privileges

Request	<b><i>Request all privileges listed below.</i></b> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Administration of Moderate Sedation	<input type="checkbox"/>
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	<input type="checkbox"/>
<input type="checkbox"/>	Admit, treat, or provide follow-up care for inpatients ages 14 years or younger	<input type="checkbox"/>
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics	<input type="checkbox"/>
<input type="checkbox"/>	Fiberoptic sigmoidoscopy - diagnostic only	<input type="checkbox"/>
<input type="checkbox"/>	Fiberoptic sigmoidoscopy - with biopsy	<input type="checkbox"/>
<input type="checkbox"/>	IUD insertion	<input type="checkbox"/>
<input type="checkbox"/>	Central Venous Catheter Insertion	<input type="checkbox"/>

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