



Privileges in Pulmonary Medicine Service

SAMPLE



Required Qualifications

| | |
|---|---|
| Education/Training | <p>Successful completion of an ACGME or AOA-accredited residency/fellowship in pulmonary medicine or foreign equivalent training.</p> <p style="text-align: center;">AND</p> <p>Current certification or active participation in the examination process leading to certification in Pulmonary Disease by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine or foreign equivalent training/board.</p> |
| Additional Credentialing Criteria (Initial and Reappointment) | <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>Teaching appointment to work in SHC outpatient clinics</p> <p>Membership and privileges at LPCH to admit, treat patients 14 years old and younger</p> <p>To be granted Central Venous Catheter Insertion must complete "Getting to Zero" educational module. Minimum of 10 cases done in the past two years. Case log required (Initial only)</p> |
| Clinical Experience (Initial) | |
| Thoracostomy tube placement | <p>Must have received formal training in tube thoracostomy. Minimum 10 cases required - must submit documentation log</p> |
| Rigid Bronchoscopy; Endobronchial Tumor Ablation; Laser Bronchoscopy | <p>10 procedures for each privilege selected within the previous 2 years - Case log required</p> |
| Clinical Experience (Reappointment) | <p>Minimum 100 Core cases required during the past 2 years</p> <p>Minimum 6 cases required during the past two years - Thoracostomy tube placement</p> <p>Minimum 5 cases required for each privilege selected in the past two years - Rigid Bronchoscopy; Endobronchial Tumor Ablation; Laser Bronchoscopy</p> |
| FPPE Chart Review | <p>FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS</p> <p>5 Chart Reviews - Core; Administration of Moderate Sedation</p> |

3 chart reviews - Central Venous Catheter Insertion
3 chart reviews by a credentialed interventional pulmonologist or thoracic surgeon - Rigid
Bronchoscopy; Endobronchial Tumor Ablation; Laser Bronchoscopy

FPPE Observations

3 observations - Thoracostomy tube placement

Core Privileges

| Request <input type="checkbox"/> | <i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i> | Service Chief Rec <input type="checkbox"/> |
|-------------------------------------|---|---|
| | Core privileges include: | |
| <input type="checkbox"/> | Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment to patients presenting with conditions, disorders, injuries, and diseases of the organs of the thorax or chest, the lungs, cardiovascular and tracheobronchial systems, esophagus and other mediastinal contents, diaphragm, and circulatory system; | <input type="checkbox"/> |
| <input type="checkbox"/> | Oral/nasal intubation | <input type="checkbox"/> |
| <input type="checkbox"/> | Thoracentesis and percutaneous pleural biopsy | <input type="checkbox"/> |
| <input type="checkbox"/> | Bronchoscopy with biopsy | <input type="checkbox"/> |
| <input type="checkbox"/> | Flexible bronchoscopy | <input type="checkbox"/> |
| <input type="checkbox"/> | Placement of arterial line | <input type="checkbox"/> |
| <input type="checkbox"/> | Arterial puncture | <input type="checkbox"/> |
| <input type="checkbox"/> | Interpretation of pulmonary function testing | <input type="checkbox"/> |
| <input type="checkbox"/> | Management of pulmonary transplant patients | <input type="checkbox"/> |

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

| Request <input type="checkbox"/> | <i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i> | Service Chief Rec <input type="checkbox"/> |
|-------------------------------------|--|---|
| <input type="checkbox"/> | Administration of 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"/> | Treatment of patients in outpatient clinics at Stanford Hospital & Clinics | <input type="checkbox"/> |
| <input type="checkbox"/> | Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger | <input type="checkbox"/> |
| <input type="checkbox"/> | Thoracostomy tube placement | <input type="checkbox"/> |
| <input type="checkbox"/> | Central Venous Catheter Insertion | <input type="checkbox"/> |
| <input type="checkbox"/> | Rigid Bronchoscopy | <input type="checkbox"/> |
| <input type="checkbox"/> | Endobronchial Tumor Ablation | <input type="checkbox"/> |
| <input type="checkbox"/> | Laser Bronchoscopy | <input type="checkbox"/> |