



Privileges in Internal Medicine Service

Name:

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.

Required Qualifications

Education/Training

Successful completion of an ACGME or AOA-accredited residency/fellowship in internal medicine or foreign equivalent training.

AND

Current certification or active participation in the examination process leading to certification in Internal Medicine by the American Board of Internal Medicine or by the American Osteopathic Board of Internal Medicine or foreign equivalent training/board.

Additional Information

(Request for Urgent Care Privileges only, current certification or active participation in the examination process leading to certification in Internal Medicine, Family Medicine or Emergency Medicine by the American Board of Internal Medicine, the American Osteopathic Board of Internal Medicine, American Board of Family Medicine, the American Osteopathic Board of Family Physicians, the American Board of Emergency Medicine, the American Osteopathic Board of Emergency Medicine, or foreign equivalent training/board is acceptable.)

FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Provide care in specific areas of SHC

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	Additional Request	
	ONLY provide care of LPCH patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	
	Privileges to evaluate, diagnose, consult, perform history and physical exam, and provide treatment for non- surgical patients ONLY in SHC Outpatient Clinics [CRITERIA - Teaching appointment through Stanford School of Medicine required.]	
	Privileges to manage and coordinate patient care, treatment, and services ONLY in the Ambulatory Treatment Infusion Center, including diagnostic tests and treatment. Treatment would include infusion therapy, chemotherapy, or blood administration. Must provide History and Physical and must designate another physician(s) with admitting and other appropriate privileges to manage complications if necessary.	
	Privileges to evaluate and treat patients with mildly to moderately severe medical conditions ONLY in SHC Urgent Care clinics.	

Core Privileges

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	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.	
	Lumbar puncture	
	Skin biopsy	
	Arterial puncture	
	Aspiration of intra-, subcutaneous cysts, furnuncles, etc.	
	Arthrocentesis - small joint	
	Arthrocentesis, large joint	
	Therapeutic injection, large joint, small joint	
	Anoscopy	
	Diaphragm fitting	
	I & D cutaneous abscess	
	IUD removal	
	Liquid nitrogen treatment warts, keratoses	
	Removal of non-penetrating corneal foreign body, foreign body from conjunctival sac, ear, nose, skin	
	Suture minor lacerations	
	Toe nail avulsion	
	Endotracheal tube placement - emergent	
	Electrocardiogram Interpretation - performance and bedside interpretation	

Qualifications

Renewal Criteria Management of minimum 60 Core inpatients/outpatients required in the past two years. Maintain current certification or active participation in the examination process in Internal Medicine by the American Board of Internal Medicine, Emergency Medicine by the American Board of Emergency Medicine, Internal Medicine by the American Osteopathic Board of Internal Medicine, Emergency Medicine by the American Osteopathic Board of Emergency Medicine or foreign equivalent training/board.

FPPE

Core

SPECIAL PRIVILEGES

Description: Must also meet Required Qualifications for Core Privileges

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec

	Administration of Moderate Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	
	Use of fluoroscopy equipment (or supervision of other staff using the equipment) [CRITERIA - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required]	
	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA - Teaching appointment through Stanford School of Medicine required.]	
	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger [CRITERIA - Teaching appointment through Stanford School of Medicine required & qualified for LPCH Core privileges.]	
	Arterial line placement, percutaneous [CRITERIA - Minimum 10 cases required in the past two years. Case log required - Initial only]	
	Diagnostic and therapeutic paracentesis [CRITERIA - Minimum 10 cases required in the past two years. Case log required - Initial only]	
	Diagnostic thoracentesis [CRITERIA - Minimum 10 cases required in the past two years. Case log required - Initial only]	
	Fiberoptic sigmoidoscopy - diagnostic only [CRITERIA - Initial - Must present case log of at least 20 supervised cases for review and approval by Gastroenterology Service Chief before privilege can be granted. Renewal - Minimum of 20 cases required in the past 2 years]	
	Fiberoptic sigmoidoscopy - with biopsy [CRITERIA - Initial - Must present case log of at least 20 supervised cases for review and approval by Gastroenterology Service Chief before privilege can be granted. Renewal - Minimum of 20 cases required in the past 2 years]	
	Hypnotherapy Criteria for Non-Psychiatrists: For use in treating only those conditions which fall within the professional's current scope of practice. - Initial Granting: Evidence of at least one graduate school or post-graduate training course in hypnosis for professionals -AND- Membership in either Division 30 (Hypnosis) of the American Psychological Association, the Society for Clinical and Experimental Hypnosis, or the American Society of Clinical Hypnosis, -OR- Documentation of at least 5 supervised cases by someone with this privilege. Renewal - Minimum 5 cases required during the past 2 years.	
	IUD insertion [CRITERIA - Initial - Must present case log of at least 5 supervised cases for review and approval before privilege can be granted. Renewal - Minimum 10 cases required in the past 2 years]	
	Central Venous Catheter Insertion [CRITERIA - Complete "Getting to Zero" educational module. Minimum 10 cases done in the past two years. Case log required - Initial only]	

FPPE

- Administration of Moderate Sedation
- Arterial line placement, percutaneous
- Diagnostic and therapeutic paracentesis
- Diagnostic thoracentesis
- Hypnotherapy
- Central Venous Catheter Insertion
- Fiberoptic sigmoidoscopy - diagnostic only
- Fiberoptic sigmoidoscopy - with biopsy
- IUD insertion

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

[applicant]

I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request _____ Date _____

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - Proctoring Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request _____ Date _____