



## Privileges in Gastroenterology

Name:

### Instructions:

1. Click the **Request** checkbox to request a group of **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 Fellowship in Gastroenterology or foreign equivalent training.

**AND**

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

**AND**

Documentation or attestation of the management of gastroenterological problems for at least 100 inpatients or outpatients as the attending physician (or senior resident) during the past two years

#### FPPE

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

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

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

**Core Privileges**

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	<b>Privileges included in the Core:</b>	
	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and treat patients with diseases and disorders affecting the stomach, intestines, and associated organs. Gastroenterological disorders can include diseases of the esophagus, acid peptic disorders of the gastrointestinal tract, and motor disorders of the gastrointestinal tract, gastrointestinal neoplastic disease, acute and chronic hepatitis, biliary and pancreatic diseases.	
	Proctoscopy and/or flexible sigmoidoscopy	
	Upper gastrointestinal endoscopy (EGD), and hemostasis	
	Colonoscopy, including biopsy and polypectomy	
	Esophageal dilation by simple balloon or bougie	
	Liver biopsy	
	Percutaneous endoscopic gastrostomy (PEG)	
	Diagnostic and therapeutic paracentesis	

**Qualifications**

**Renewal Criteria** Minimum 100 cases required during the past 2 years  
 Maintain current certification or active participation in the examination process leading to certification in gastroenterology by the American Board of Internal Medicine or in gastroenterology by the American Osteopathic Board of Internal Medicine or foreign equivalent training/board.

**FPPE - Area is managed by Medical Staff Office. Please make NO selections**

Core - Gastroenterology

## Special Privileges

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

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	
	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.]	
	Anorectal manometry and pelvic floor function testing [CRITERIA - Initial - Letter from training director stating competency in patient interpretation. Renewal - Minimum 10 cases required during the past 2 years.]	
	Endoscopic Retrograde Cholangiopancreatography (ERCP) (diagnostic & therapeutic) [CRITERIA - Initial - Evidence of advanced training in accordance with society guidelines of ASGE and ACG. Renewal - Minimum 10 cases required during the past 2 years.]	
	Endoscopic ultrasound (EUS) [CRITERIA - Initial - For comprehensive competence in all aspects of EUC, a minimum of 150 supervised cases, of which 75 should be pancreatobiliary and 50 EUS-guided FNS. Renewal - Minimum 50 cases required during the past two years.]	
	Esophageal motility testing (manometry, impedance) [CRITERIA - Initial - Letter from training director stating competency in patient interpretation. Renewal - Minimum 20 cases required during the past 2 years.]	
	Capsule Endoscopy [CRITERIA - Initial - Successful completion of capsule endoscopy training by a Given Imaging Company representative or by another physician already so trained. Renewal - Minimum 25 cases required during 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]	
	Self expandable metal stent (SEMS) placement in the GI tract [CRITERIA - Initial - Letter from training director stating competency Or Documentation of > 5 cases /year for the past 5 years and documentation of privileges at another facility in this procedure. Renewal - Minimum four (4) cases required during the past two years.]	
	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA - Teaching appointment through Stanford School of Medicine required.]	
	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]	

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Administration of Sedation  
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 Endoscopic ultrasound (EUS)  
 Esophageal motility testing (manometry, impedance)  
 Capsule Endoscopy  
 Central Venous Catheter Insertion  
 Self expandable metal stent (SEMS) placement in the GI tract

**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.

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 \_\_\_\_\_

