

**REHOBOTH MCKINLEY CHRISTIAN HEALTH CARE SERVICES (RMCHCS)
CLINICAL PRIVILEGES APPLICATION**

INTERNAL MEDICINE

APPLICANT NAME: _____

CORE INPATIENT PRIVILEGES:

Core privileges in internal medicine include the ability to admit, evaluate, diagnose, treat, and provide consultation to patients aged 16 years and older with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, enteric, and genitourinary systems. (The physician may provide care to patients in the intensive care setting in conformance with unit policies.) Internal medicine physicians assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Core privileges include but are not limited to: lumbar puncture; thoracentesis; abdominal paracentesis; central venous line placement; arthrocentesis and joint injections; breast cyst aspiration, burns, superficial and partial thickness, initial ventilator management; excision of skin and subcutaneous tumors, nodules, and lesions, I and D abscess, insertion and management of central venous catheters and arterial lines; local anesthetic techniques, performance of simple skin biopsy or excision, performance of history and physical exam; placement of anterior and posterior nasal hemostatic packing; removal of nonpenetrating corneal foreign body, nasal foreign body; suprapubic bladder aspiration; venous cutdown; emergent cardioversion; and final EKG interpretation for all patients.

CORE OUTPATIENT PRIVILEGES:

Internal medicine privileges include work up, diagnosis, and provision of nonsurgical treatment for adolescent, adult, and elderly patients with common and complex medical problems including consultations. The following procedures/privileges are considered within the scope of Internal Medicine core privileging: lumbar puncture; thoracentesis; sigmoidoscopy; diagnostic and therapeutic arthrocentesis of knee and shoulder; and final EKG interpretation for all patients.

These privileges do not include any of the privileges listed under Special Privileges.

NOTE: In the case of an emergency, to the degree permitted by license and regardless of department, staff status or clinical privileges, shall be permitted and shall be assisted by hospital personnel to do everything possible to save a patient from serious harm.

QUALIFICATIONS FOR CORE PRIVILEGES: (Check only the first one that applies to you)

CLASS IV:

___ **Completion of or certification in an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)- approved subspecialty fellowship in Internal Medicine.**
Subspecialty: _____.

Members with these privileges are expected to be physicians with experience, training and competence of service as consultants and treating the most extreme illnesses including those within the subspecialty area.

CLASS III:

___ **Board certification in Internal Medicine; or**
___ **Active board certification application pending, having completed an ACGME- or AOA approved post graduate training program in Internal Medicine; or**
___ **Completion of an ACGME- or AOA-approved post graduate training program and full time internal medicine experience for a minimum of the last three (3) years consecutively.**

Members with these privileges are expected to be physicians with experience, training and competence in their specialty. Such physicians would be expected to request consultation: (1) when hazardous treatment procedures are contemplated; (2) when unexpected complications arise; (3) or in cases in which treatment response seems unduly delayed.

Other training, please explain: _____

INTERNAL MEDICINE PRIVILEGES APPLICATION

NAME: _____

EXPLANATION FOR REQUESTING PRIVILEGES:

RMCHCS is an integrated health care delivery system which operates both a hospital that provides inpatient care and some outpatient services, and clinics or other outpatient facilities, home health services, hospice services, etc. Employed practitioners of RMCHCS may need to apply for privileges in either inpatient or outpatient setting, or both. Non-RMCHCS employed physicians may need to apply for privileges at the hospital only. Therefore, RMCHCS uses a single application that will allow practitioners to request privileges for hospital and/or outpatient care as appropriate. On the following page(s) appear the privileges appropriate for your specialty and location(s) of practice. If a privilege is desired that is not listed, please list it in the space designated. For all special privileges, an applicant is required to identify education and/or experience before privilege(s) will be evaluated.

STANDARD PRIVILEGES

<u>REQUESTED</u>				<u>APPROVED</u>			
<u>INPATIENT/ OUTPATIENT</u>				<u>INPATIENT/ OUTPATIENT</u>			
Yes	No	Yes	No	Yes	No	Yes	No
___	___	___	___	Core internal medicine privileges (see page 1)			
___				___	___	___	

SPECIAL PRIVILEGES

For each special request, you must state the training and number of procedures during training; or number of procedures performed in the last 12 months. If any one or all special privileges are not needed, YOU MUST CHECK "NO" UNDER "PRIVILEGES REQUESTED".

<u>REQUESTED</u>				<u>APPROVED</u>			
<u>INPATIENT/ OUTPATIENT</u>				<u>INPATIENT/ OUTPATIENT</u>			
Yes	No	Yes	No	Yes	No	Yes	No
___	___			Procedural/treatment sedation			
Training/Experience: _____				___	___		
NOTE: A PRACTITIONER GRANTED IV SEDATION PRIVILEGES MUST ABIDE BY PATIENT CARE SERVICES POLICY #02-35.							
___	___			Rapid Sequence Intubation			
Training/Experience: _____				___	___		
___	___	___	___	EGD			
Training/Experience: _____				___	___	___	___
___	___			Chronic ventilator management			
Training/Education: _____				___	___		
___	___			Pulmonary artery catheterization (Swan-Ganz)			
Training/Education: _____				___	___		
___	___			Temporary venous pacemaker placement			
Training/Experience: _____				___	___		
___	___			Sigmoidoscopy			
Training/Experience: _____				___	___		
___	___			Treadmill testing			
Training/Experience: _____				___	___		
___	___			Elective Cardioversion			
Training/Experience: _____				___	___		

____ Intubation _____
Training/Experience: _____

INTERNAL MEDICINE PRIVILEGES APPLICATION

NAME: _____

<u>ADDITIONAL PRIVILEGES (Specify inpatient and/or outpatient, stated with training/experience):</u>	<u>REQUESTED</u>	<u>APPROVED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 Rehoboth McKinley Christian Hospital and I understand that:

- (a) 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
- (b) any restriction on the clinical privileges granted to me is waived in an emergency and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents

APPLICANT SIGNATURE: _____

DATE: _____

INPATIENT DEPARTMENT REVIEW:

Comments/Recommendations/Suggestions:

Proctoring Arrangement: I have discussed the need for proctoring of this applicant. The following practitioner(s) who is/are member(s) of the Active Staff of the Medical Staff has/have been assigned:

Signed: _____
Medical Staff Department Chairperson

Date of Review

Revised: 12/08