

Heart Hospital of New Mexico  
Medicine Department  
**Pulmonary Medicine**

Delineation of Core Privileges

**ELIGIBILITY CRITERIA:** To be able to request these clinical privileges, the applicant must meet the criteria below:

1. **MD, DO**
2. **Completed additional education/training as follows:**
  - Certified by the American Board of Internal Medicine;
  - and,**
  - Certified by the American Board of Pulmonary Medicine.

**NEW APPLICANTS MUST BE** Board Eligible and complete Board Certification within 5 years of application/approved Medical Staff membership.

3. **Have the following past experience:**

It is understood that physicians applying for PULMONARY MEDICINE CORE I and CORE II privileges are qualified to care for seriously ill medical patients in Special Care Units and have met the minimum criteria as specified.
4. **Be able to secure clinical references as outlined in the Policy On Appointment, Reappointment and Clinical Privileges of the Medical Staff of the Heart Hospital of New Mexico.**

## **PULMONARY MEDICINE CORE I/CORE II PRIVILEGES**

Performance of Pulmonary Medicine procedures (including related admission, consultation, workup, pre-and postoperative care) to correct and treat various conditions, illnesses and injuries of the Pulmonary System.

A representative, but of necessity not complete list of PULMONARY MEDICINE CORE I/ CORE II procedures is stated below. It is assumed that other procedures and problems of similar complexity will fall within the identified PULMONARY MEDICINE CORE I/ CORE II privileges.

### **CORE I PRIVILEGES**

**The minimum criteria of 25 procedures/ diagnoses management within your clinical practice of Pulmonary Medicine Core I procedures within the last two years can be fulfilled from other hospital affiliations.**

- Pulmonary Function Test
- Interpretation
- Bronchoscopy with Transbronchial Lung Biopsies
- Volume Respirator (Management)
- Bronchoscopy (Diagnostic and Therapeutic)
- Laryngoscopy
- Percutaneous Pleural Biopsies
- Endotracheal Intubation

### **PULMONARY MEDICINE CORE II**

**The minimum criteria of five (5) procedures/diagnoses management within your clinical practice of Pulmonary Medicine Core II procedures within the last two years can be fulfilled from other hospital affiliations.**

- Insertion of Arterial Lines and Central Venous Catheters
- Insertion of Swan Ganz Catheters
- Percutaneous Lung Biopsy with Aspiration
- Pressure Limited and High Frequency Ventilation (Management)
- Insertion of Chest Tube
- Insertion of Transtracheal Oxygen Catheters

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Core Privilege Request Form

Having reviewed the requirements for each set of privileges in the following pages, I would request the following privileges:

*Place a check mark in the appropriate box for each set of privileges. Cross out any procedures not currently performed in your clinical practice.*

Privilege	Procedures	Requested	Not Requested
<b>CORE I PRIVILEGES</b>			
	-Pulmonary Function Test Interpretation -Bronchoscopy (Diagnostic and Therapeutic) -Bronchoscopy with Transbronchial lung biopsies -Laryngoscopy -Percutaneous Pleural Biopsies -Volume Respirator -Endotracheal Intubation		
<b>CORE II PRIVILEGES</b>			
	-Insertion of Arterial Lines and Central Venous Catheters -Insertion of Swan Ganz Catheters -Percutaneous Lung Biopsy with Aspiration -Pressure Limited and High Frequency Ventilation (Management) -Insertion of Chest Tube -Insertion of Transtracheal Oxygen Catheters		
<b>MODERATE SEDATION</b> <i>(complete separate form)</i>			
<b>RESTRAINT PRIVILEGES</b>			

**I attest by signature that I have met the minimum criteria of procedures/diagnoses management within my clinical practice for the procedures requested above, and I agree to provide documentation of said procedures/diagnoses management if requested.**

\_\_\_\_\_  
 Applicant Signature Date

\_\_\_\_\_  
 Print Name

**The Department Chairperson accepts this applicant's attestation that he/she meets the minimum criteria for privileges requested.**

\_\_\_ Yes \_\_\_ No  
 \_\_\_\_\_  
Department Chair Signature Date