

Privileges in Gastroenterology

Name: _____

Please Print

MEDICAL STAFF CATEGORY REQUESTED:

- Active** – Uses Stanford Hospital & Clinics (SHC) as a primary hospital and regularly admits/treats, consults, patients at this facility, or is regularly involved in medical staff function. **Minimum 11 pt contacts per year**
- Courtesy-Teaching** – Treats SHC patients only when incident to performing clinical teaching responsibilities. Must have teaching appointment with the Stanford School of Medicine
- 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**

Please indicate any teaching title you may hold with the Stanford School of Medicine:

- Faculty (MCL, UTL and CE) Adjunct Clinical Faculty

Teaching Title: _____

| REQUESTED | PROCEDURE | INITIAL CRITERIA | RENEWAL CRITERIA | PROCTORING REQUIREMENTS |
|--------------------------|---|---|--|-------------------------|
| CORE PRIVILEGES | | | | |
| <input type="checkbox"/> | <p><u>Privileges included in the Core: **</u> 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.</p> <p><u>Cross out & INITIAL any privilege/s you are not applying for in this set of Basic Privileges</u></p> <p>Core privileges include:</p> <ul style="list-style-type: none"> • 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) | <p>Successful completion of an ACGME or AOA-accredited fellowship in Gastroenterology or foreign equivalent training.</p> <p style="text-align: center;">AND Either</p> <p>Current certification or active participation in the examination process leading to certification in Gastroenterology by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine or foreign equivalent training/board.</p> <p style="text-align: center;">OR</p> <p>Documentation or attestation of the management of gastroenterologic problems for at least 100 inpatients or outpatients as the attending physician (or senior resident) during the past two years</p> | <p>Appropriate number of cases performed per year as based on Category</p> <p>Reappointments: be prepared to provide a list of cases performed at facilities other than SHC if requested.</p> <p>_____ # of cases in 2 years</p> <p>Minimum 100 cases required in the past two years</p> | <p>3 chart reviews</p> |

| SPECIAL PRIVILEGES (MUST ALSO MEET THE CRITERIA ABOVE) | | | | |
|---|--|---|--|----------------------------|
| REQUESTED | PROCEDURE | ADDITIONAL CREDENTIALING CRITERIA | # of Cases performed in past 2 yrs ** | Proctoring Requirements |
| <input type="checkbox"/> | Administration of Moderate Sedation | In accordance with Hospital Sedation Policy and completion of the SHC sedation exam | Sedation exam every 4 years | 3 chart reviews |
| <input type="checkbox"/> | Use of fluoroscopy equipment (or supervision of other staff using the equipment) | 'Radiology Supervisor and Operator Certificate' or 'Fluoroscopy Supervisor and Operator Permit' required | Maintenance of valid Fluoroscopy or Radiology Certificate | |
| <input type="checkbox"/> | Treatment of patients in outpatient clinics at Stanford Hospital & Clinics | Must have teaching appointment through the Stanford School of Medicine. | | 3 chart reviews |
| <input type="checkbox"/> | Admit, treat, or provide follow-up care for inpatients ages 14 years or younger | Must have membership and privileges at Lucile Packard Children's Hospital | | 3 chart reviews |
| <input type="checkbox"/> | Endoscopic Retrograde Cholangiopancreatography (ERCP) (diagnostic & therapeutic) | Evidence of advanced training in accordance with society guidelines of ASGE and ACG | _____ # of cases in 2 years Minimum 10 cases required during the past two years | 3 chart reviews |
| <input type="checkbox"/> | Self expandable metal stent (SEMS) placement in the GI tract | 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 | _____ # of cases in 2 years Minimum four (4) cases required during the past two years | 3 chart reviews |
| <input type="checkbox"/> | Endoscopic ultrasound (EUS) | 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 | _____ # of cases in 2 years Minimum 50 cases required during the past two years | 3 chart reviews |
| <input type="checkbox"/> | Capsule Endoscopy | Successful completion of capsule endoscopy training by a Given Imaging Company representative or by another physician already so trained. | _____ # of cases in 2 years Minimum 25 cases required during the past two years | 3 chart reviews |
| <input type="checkbox"/> | Esophageal motility testing (manometry, impedance) | Letter from training director stating competency in patient interpretation | _____ # of cases in 2 years Minimum 20 cases required during the past two years | 3 chart reviews |
| <input type="checkbox"/> | Neurogenic Bowel Evaluation and Feedback | Not required to meet Core Privilege Criteria 30 anal sphincter anal metric studies 10 anal sphincter biofeedback training Must provide attestation | _____ # of cases in 2 years Minimum 30 anal sphincter anal metric studies and 10 anal sphincter biofeedback training required during the past two years | 3 chart reviews |

**** On a separate sheet of paper, please describe any major, unexpected complications you have encountered for any of the Core Privileges or Additional Privileges you are requesting**

NOTE: PROCTORING IS REQUIRED FOR ALL INITIAL PRIVILEGES REQUESTED and MUST BE COMPLETED WITHIN 12 MONTHS

ACKNOWLEDGMENT OF PRACTITIONER:

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 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.

Applicant Signature: _____

Date: _____

If sending by email, type your name in the box above.

If sending by mail, please print first and then sign.