

## Privileges in Internal Medicine Service

Name: \_\_\_\_\_

*Please Print Name*

### 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 functions
- Courtesy-Admitting** – Member in good standing in another JCAHO, AAAHC or AAAASF accredited hospital, and admits/treats 3 – 10 patients per year at SHC
- Courtesy-Teaching** – Treats SHC patients only when incident to performing clinical teaching Responsibilities
- 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 or CE)                       Adjunct Clinical Faculty

Teaching Title: \_\_\_\_\_

REQUESTED	PROCEDURE	INITIAL CRITERIA	RENEWAL CRITERIA	PROCTORING REQUIREMENTS
<b>CORE PRIVILEGES</b>				
<input type="checkbox"/>	<p><b><u>Privileges included in the Core:</u></b> Privileges to admit, evaluate, diagnose, perform history and physical exam, consult, and provide non-surgical treatment to patients presenting with general medical problems.</p> <p><b><u>Cross out &amp; INITIAL any privilege/s you are not applying for in this set of Basic Privileges</u></b></p> <p>Included in core:</p> <ul style="list-style-type: none"> <li>• Lumbar puncture</li> <li>• Skin biopsy</li> <li>• Rigid sigmoidoscopy</li> <li>• Arterial puncture</li> <li>• Arterial line placement, percutaneous*</li> <li>• Central venous line placement*</li> <li>• Diagnostic and therapeutic paracentesis*</li> <li>• Diagnostic thoracentesis*</li> <li>• Electrocardiogram –performance and bedside interpretation</li> <li>• Aspiration of intra-, subcutaneous cysts, furuncles, etc.</li> <li>• Arthrocentesis – small joint</li> <li>• Arthrocentesis, large joint</li> <li>• Therapeutic injection, large joint, small joint</li> <li>• Anoscopy</li> <li>• Diaphragm fitting</li> <li>• I &amp; D cutaneous abscess</li> <li>• IUD removal</li> <li>• Liquid nitrogen treatment warts, keratoses</li> <li>• Removal of non-penetrating corneal foreign body, foreign body from conjunctival sac, ear, nose, skin</li> <li>• Suture minor lacerations</li> <li>• Toe nail avulsion</li> <li>• Endotracheal tube placement – emergent</li> <li>• EKG Interpretation (performance and bedside interpretation)</li> </ul> <p>*Must present case log before the privilege can be granted – required 5 procedures/privilege within the previous 12 months</p>	<p>Successful completion of an ACGME or AOA-accredited residency/fellowship in internal medicine or foreign equivalent training.</p> <p style="text-align: center;"><b>AND</b></p> <p>Current certification or active participation in the examination process leading to certification in internal medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine or foreign equivalent training/board.</p>	<p><b>Reappointments: be prepared to provide a list of cases performed at facilities other than SHC if requested.</b></p> <p>_____ # of cases in 2 years</p> <p>Management of minimum 60 inpatients/outpatients required in the past two years.</p> <p>Active participation in ABIM Maintenance of Certification Program (if time-limited certification)</p>	<p>5 chart reviews</p>

<b>SPECIAL PRIVILEGES</b> (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	5 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"/>	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		
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics	Must have teaching appointment through the Stanford School of Medicine.		
<input type="checkbox"/>	Fiberoptic sigmoidoscopy – diagnostic only	Must present case log of at least 20 supervised cases for review and approval by Chief, Gastroenterology before privilege can be granted	_____# of cases in 2 years  Minimum of 20 cases required in the past two years.	5 observations
<input type="checkbox"/>	Fiberoptic sigmoidoscopy – with biopsy	Must present case log of at least 20 supervised cases for review and approval by Chief, Gastroenterology before privilege can be granted	_____# of cases in 2 years  Minimum 20 cases done in the past two years	5 observations
<input type="checkbox"/>	IUD insertion	Must present case log of at least 5 supervised cases for review and approval before privilege can be granted	_____# of cases in 2 years  Minimum of 10 cases required in the past two years.	5 observations

**\*\* 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**

**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.