

UNMH Internal Medicine Clinical Privileges

Name: _____ Effective Dates: From _____ To _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective April 28, 2017:

- Initial Privileges (initial appointment)
- Renewal of Privileges (reappointment)
- Expansion of Privileges (modification)

INSTRUCTIONS:

Applicant: Check off the “requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation.

OTHER REQUIREMENTS:

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR INTERNAL MEDICINE:

Initial Privileges: To be eligible to apply for privileges in internal medicine, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in internal medicine; **AND/OR**
2. Current certification in, or active participation in the examination process leading to certification in, internal medicine by the American Board of Internal Medicine or American Osteopathic Board of Internal Medicine; **AND**
3. Required current experience: Demonstrate provision of care, reflective of the scope of privileges requested, to an adequate number of patients with acceptable outcomes during the past twelve (12) months, or demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past twelve (12) months.

Renewal of Privileges: Demonstrated current competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past twenty-four (24) months

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based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES: Internal Medicine

Admit, evaluate, diagnose, treat, and provide consultation to patients 16 years of age and older with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, and genitourinary systems. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with Medical Staff policy regarding emergency and consultative call services. Core privileges in this specialty include the procedures in the below procedure list and other procedures that are extensions of same techniques and skills

Requested

Internal Medicine Core Procedures List

This list is a sampling of procedures included in the internal medicine core. This is not intended to be an all-encompassing list, but rather reflective of the categories/ types of procedures included in the core.

To the applicant: If you wish to exclude any procedures listed in internal medicine core, strike through then initial and date those procedures you do not wish to request.

1. Perform history and physical examination.
2. Abdominal paracentesis.
3. Arthrocentesis and joint injection.
4. Contraceptive device insertion and removal, including IUD and implant, when required device-specific training has been obtained.
5. Excision of cutaneous and subcutaneous lesions, tumors, and nodules.
6. Incision and drainage of abscesses.
7. Interpretation of electrocardiograms.
8. Lumbar puncture.
9. Management of burns, superficial and partial thickness.
10. Perform local anesthetic techniques.
11. Perform skin biopsy and excision or destruction of skin nodules or lesions.
12. Placement of anterior and posterior nasal hemostatic packing.
13. Removal of non-penetrating foreign body from eye or nose.
14. Thoracentesis.
15. Trigger point injections.

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QUALIFICATIONS FOR GERIATRIC MEDICINE (applicable when an internal medicine/family medicine physician treats geriatric patients only):

Initial Privileges: To be eligible to apply for geriatric medicine core, the applicant must:

1. Successful completion of an ACGME or AOA-accredited residency in internal medicine or family medicine, followed by an ACGME or AOA-accredited fellowship in geriatric medicine; **AND/OR**
2. Current subspecialty certification or active participation in the examination process leading to subspecialty certification in geriatric medicine by the American Board of Internal Medicine or Family Medicine, or a Certificate of Added Qualification in geriatric medicine by the American Osteopathic Board of Internal Medicine or Family Medicine; **AND**
3. Required current experience: Demonstrate provision of care, reflective of the scope of privileges requested, to an adequate number of inpatients and outpatients with acceptable outcomes during the past twelve (12) months, or demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past twelve (12) months.

Renewal of Privileges: Demonstrated current competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES: Geriatric Medicine

Admit, evaluate, diagnose, treat, and provide consultation to older adult patients with illnesses and disorders that are especially prominent in the elderly or have different characteristics in the elderly, including neoplastic, cardiovascular, neurologic, musculoskeletal, metabolic, and infectious disorders. This would include diagnostic, therapeutic, preventive, and rehabilitative aspects of illness in the elderly. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures listed in the below procedure list and such other procedures that are extensions of the same techniques and skills.

Requested

Geriatric Medicine Core Procedures List

This list is a sampling of procedures included in the geriatric medicine core. This is not intended to be an all-encompassing list, but rather reflective of the categories/ types of procedures included in the core.

To the applicant: If you wish to exclude any procedures listed in the core, strike through then initial and date those procedures you do not wish to request.

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1. Apply the general principles of geriatric rehabilitation, including those applicable to patients with orthopedic, rheumatologic, cardiac, and neurologic impairments.
2. Assess patients to include medical, affective, cognitive, functional status, social support, economic, and environmental aspects related to health.
3. Manage areas of special concern such as falls and incontinence.
4. Manage aspects of preventive medicine, including nutrition, oral health, exercise, screening, immunization, and chemoprophylaxis against disease.
5. Manage the appropriate interdisciplinary coordination of the actions of multiple health professionals, including physicians, nurses, social workers, dieticians, and rehabilitation experts, in the assessment and implementation of treatment.
6. Perform history and physical examination.
7. Recognize and evaluate cognitive impairment.
8. Treat and prevent iatrogenic disorders.

SPECIAL NON-CORE PRIVILEGES

If desired, non-core privileges are requested individually in addition to requesting the core privileges. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested, including training, required, experience, and maintenance of clinical competency.

QUALIFICATIONS FOR SPECIAL NON-CORE PRIVILEGES IN TREADMILL EXERCISE TESTING:

Initial Privileges: To be eligible to apply for special non-core privileges in treadmill exercise testing, the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA-accredited residency in internal medicine that included a minimum of four weeks, or the equivalent of training in the supervision and interpretation of exercise testing and evidence that the training included participation in at least fifty (50) exercise procedures; **AND**
2. Required current experience: Demonstrated current competence and evidence of the performance of at least 25 exercise tests in the past twelve (12) months.

Renewal of Privileges: Demonstrated current competence and evidence of the performance of at least 50 exercise tests in the past in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Treadmill Exercise Testing

Requested

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QUALIFICATIONS FOR SPECIAL NON-CORE PRIVILEGES IN VENTILATOR MANAGEMENT (non-complex, including CPAP, up to 36 hours):

Initial Privileges: To be eligible to apply for special non-core privileges for ventilator cases not categorized as complex (up to 36 hours), the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA-accredited postgraduate training program that provided the necessary cognitive and technical skills for ventilator management not categorized as complex; **AND**
2. Required current experience: Demonstrated current competence and evidence of attendance of an acceptable volume of documented procedures with acceptable results in the past twelve (12) months, or completion of training within the past twelve (12) months.

Renewal of Privileges: Demonstrated current competence and evidence of attendance of an adequate volume of documented procedures with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Ventilator Management (non-complex, including CPAP, up to 36 hours)

Requested

QUALIFICATIONS FOR SPECIAL NON-CORE PRIVILEGES IN INSERTION AND MANAGEMENT OF CENTRAL VENOUS CATHETERS AND ARTERIAL LINES:

Initial Privileges: To be eligible to apply for special non-core privileges in insertion and management of central venous catheters and arterial lines, the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA accredited postgraduate training program that provided the necessary cognitive and technical skills for insertion and management of central venous catheters and arterial lines; **AND**
2. Required current experience: Demonstrated current competence and evidence of the performance of an adequate number of the requested procedures with acceptable results in the past twelve (12) months, or completion of training within the past twelve (12) months.

Renewal of Privileges: Demonstrated current competence and evidence of the management of an adequate number of the requested procedures with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Insertion and Management of Central Venous Catheters and Arterial Lines

Requested

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Name: _____ Effective Dates: From _____ To _____

QUALIFICATIONS FOR SPECIAL NON-CORE PRIVILEGES IN ULTRASOUND AS ADJUNCT TO PRIVILEGED PROCEDURE:

Initial Privileges: To be eligible to apply for special non-core privileges in ultrasound as adjunct to privileged procedure, the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA accredited residency in internal medicine that included training in ultrasound; **OR**
2. Completion of an acceptable ultrasound CME training course or hands-on training in ultrasound-guided procedures under the supervision of a qualified physician preceptor; **AND**
3. Required current experience: Demonstrated current competence and evidence of the performance of an adequate number of ultrasound guided procedures in the past twelve (12) months, or completion of training within the past twelve (12) months.

Renewal of Privileges: Demonstrated current competence and evidence of the management of an adequate number of ultrasound guided procedures with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Ultrasound as Adjunct to Privileged Procedure

Requested

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Acknowledgement of Practitioner

I have requested only those clinical privileges for which, by education, training, current experience, and demonstrated performance, I am qualified to perform and for which I wish to exercise at UNM Hospitals and clinics. 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 situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signature

Date Signed

Clinical Director/Division Chief Recommendation(s)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action and presently requested above.

Name: _____ Signature _____ Date _____

Name: _____ Signature _____ Date _____

Department Chair Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the conditions/modifications noted below
- Do not recommend the clinical privileges noted below

Explanation: _____

Department Chair Signature

Date Signed

Criteria Approved by UNMH Board of Trustees on April 28, 2017