



Printed Name

Clinical Privileges Profile Internal Medicine

Kettering Medical Center System

Kettering Medical Center Sycamore Medical Center

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.

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

Other Requirements

1. If called, all members of the Medicine Clinical Service must be able to respond within 30 minutes or have an alternate who can respond within 30 minutes time. If on-call, the same response time (30 minutes) is in effect.
2. Note that privileges granted may only be exercised at the site(s) and setting(s) 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.
3. This document is focused on defining qualifications related to competency 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

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

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in internal medicine.

AND

Current certification or active participation in the examination process, with achievement of certification within six years, leading to certification in internal medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.

Required previous experience: Applicants must be able to demonstrate provision of care to at least 30 inpatients, reflective of scope of privileges requested, in the last 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in internal medicine, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (12 inpatients) with acceptable results, reflective of the scope of privileges requested for the past 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

INTERNAL MEDICINE CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult patients with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, and genitourinary systems. May provide care to patients in the intensive care setting in conformance with unit policies. 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 on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

AMBULATORY PRIVILEGES (KMC AMBULATORY SITES ONLY)

Criteria: Education and training as for internal medicine core.

- Requested** Provide diagnosis and treatment for services for common ambulatory disorders, including minor office procedures, such as repairing simple lacerations, treating warts, simple incision and drainage, cerumen disimpaction, skin biopsy, and small skin lesion removal for patients 15 years of age and older. Perform outpatient preadmission and history and physical, order noninvasive outpatient diagnostic tests and services, visit patients in hospital, review medical records, consult with attending physician, and observe diagnostic or surgical procedures with the approval of the attending physician or surgeon.

REFER AND FOLLOW PRIVILEGES

Criteria: Education and training as for internal medicine core.

- Requested** Perform outpatient preadmission and history and physical, order noninvasive outpatient diagnostic tests and services, visit patients in hospital, review medical records, consult with attending physician, and observe diagnostic or surgical procedures with the approval of the attending physician or surgeon.

ADMINISTRATION OF SEDATION AND ANALGESIA

- Requested See Hospital Policy for Moderate Sedation

SPECIAL NON CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

The following require submission of certification of clinical competence by program director/department chair and/or evidence of performance of 5 cases. If unable to provide evidence and would like to be proctored for these procedures, please indicate such so that you may be put on an established focused professional practice evaluation plan:

- Abdominal paracentesis
- Arthrocentesis and joint injections
- Endotracheal intubation (also requires documentation of ACLS)
- Insertion and management of central venous catheters, and arterial lines
- Lumbar Puncture

- PICC or Central Line Insertion w/ ultrasound
- Thoracentesis

ACKNOWLEDGEMENT 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 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 situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature: _____ **Date:** _____

CLINICAL SERVICE CHIEF'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Clinical Service Chief Signature: _____ **Date:** _____

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee action **Date:** _____
Medical Executive Committee action **Date:** _____
Board of Directors action **Date:** _____