UNM SRMC
INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: 
Effective Dates: __________ To: __________

☐ Initial privileges (initial appointment)
☐ Renewal of privileges (reappointment)
☐ Expansion of privileges (modification)

INSTRUCTIONS
All new applicants must meet the following requirements as approved by the UNM SRMC Board of Directors effective: 05/28/2014

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:
Note that privileges granted may be exercised only at UNM SRMC and in 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.

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.
UNM SRMC
INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: 
Effective Dates: __________ To: __________

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 current achievement of certification within 3 years leading to certification in internal medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.

Notwithstanding the foregoing, applicants for clinical privileges may seek an exception to this Board Certification requirement under Section 2.004 of the Bylaws of the Medical Staff of UNM Sandoval Regional Medical Center (the "Medical Staff Bylaws") and may be granted clinical privileges if such applicant is determined, in accordance with Section 2.004 of the Medical Staff Bylaws, to have qualified for one or more of these exceptions.

Required previous experience: Applicants must be able to demonstrate provision of care 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 (inpatient, outpatient or consultative services) 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.
INTERNAL MEDICINE CORE PRIVILEGES

Privileges to admit, work-up, diagnose, and provide nonsurgical treatment including consultation for patients above the age of 12 admitted or in need of care to treat general medicine problems, except for those special procedure privileges listed below.

☐ Requested

SPECIAL NON CORE PRIVILEGES (See Specific Criteria)

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

QUALIFICATIONS FOR EXERCISE TESTING - TREADMILL

Criteria: To be eligible to apply for Exercise Testing-Treadmill privilege, the applicant must demonstrate successful completion of an approved and recognized course, or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges.

Required previous experience: Demonstrated current competence and evidence of the performance of exercise tests in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance of exercise tests in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested
UNM SRMC
INTERNAL MEDICINE CLINICAL PRIVILEGES

Name:
Effective Dates: __________ To: __________

QUALIFICATIONS FOR FLEXIBLE SIGMOIDOSCOPY

Criteria: To be eligible to apply for Flexible Sigmoidoscopy privilege, the applicant must demonstrate successful completion of an approved and recognized course, or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges.

Required previous experience: Demonstrated current competence and evidence of the performance of Flexible Sigmoidoscopy in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance of Flexible Sigmoidoscopy in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☑️ Requested

QUALIFICATIONS FOR VENTILATOR MANAGEMENT

Criteria: To be eligible to apply for Ventilator Management privilege, the applicant must demonstrate successful completion of an approved and recognized course, or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges.

Required previous experience: Demonstrated current competence and evidence of Ventilator Management cases in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the management of at least mechanical ventilator cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☑️ Requested
VENTILATOR MANAGEMENT PRIVILEGES—COMPLEX, INCLUDING BiPAP

Criteria: To be eligible to apply for Ventilator Management Privileges-Complex privilege, the applicant must demonstrate successful completion of an approved and recognized course, or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges.

Required previous experience: Demonstrated current competence and evidence of Ventilator Management cases in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the management of mechanical ventilator cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested

Limited Ultrasound for Guided Procedure
☐ Check here to request Limited Ultrasound Guided Procedure privileges form (Separate form)

Administration of Sedation and Analgesia privileges
See hospital policy for sedation and analgesia by non-anesthesiologists.
☐ Check here to request Moderate Sedation privileges form (Separate form)
This list is a sampling of procedures included in the core. It is not intended to be an all-encompassing list, but rather is reflective of the categories/types of procedures included in the core.

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

Internal Medicine Core Procedures

1. Abdominalparacentesis
2. Arthrocentesis and joint injections
3. Breast cyst aspiration
4. Burns, superficial and partial thickness
5. Chronic ventilator management
6. Excision of skin and subcutaneous tumors, nodules, and lesions
7. EKG Interpretation
8. I&Dabscess
9. Insertion and management of central venous catheters, and arterial lines
10. Local anesthetic techniques
11. Lumbar Puncture
12. Perform simple skin biopsy or excision
13. Perform history and physical exam
14. Placement of anterior and posterior nasal hemostatic packing
15. Remove non-penetrating corneal foreign body, nasal foreign body
16. Suprapubic bladder aspiration
17. Thoracentesis
18. Venous cutdown
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 for which I wish to exercise at UNM SRMC, 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.

Signed ____________________________________ 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:

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<tr>
<th>Privilege</th>
<th>Condition/Modification/Explanation</th>
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Notes:
____________________________________________________________________
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____________________________________________________________________

Print Name............................................................ Signature............................................................ Date

Clinical Service Chief or Designee Signature