

## UNMH Internal Medicine Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

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

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 02/28/2014*

### **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 on the last page of this form.

### **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.

## UNMH Internal Medicine Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### **Qualifications for Internal Medicine**

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***Initial Applicant*** - *To be eligible to apply for 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/OR

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

AND

**Required current experience:** Applicants must be able to demonstrate provision of care to an adequate volume of patients, reflective of scope of privileges requested with acceptable outcomes during in the past 12 months, or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

**Renewal of Privileges** - *To be eligible to renew privileges in internal medicine, the reapplicant must meet the following criteria:*

Current demonstrated competence and an adequate volume of experience 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.

## UNMH Internal Medicine Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### ***Core Privileges: Internal Medicine***

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. 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.

### **□ Requested**

#### ***Internal Medicine Core Procedures List***

This list is a sampling of procedures included in the 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, please strike through those procedures which you do not wish to request, then initial and date.

1. Abdominal paracentesis
2. Arthrocentesis and joint injections
3. Burns, superficial and partial thickness
4. I & D abscess
5. IUD insertion and removal
6. Local anesthetic techniques
7. Lumbar puncture
8. Perform skin biopsy and excision or destruction of skin nodules or lesions
9. Perform history and physical exam
10. Placement of anterior and posterior nasal hemostatic packing
11. Interpretation of electrocardiograms
12. Remove non-penetrating corneal foreign body, nasal foreign body
13. Thoracentesis
14. Trigger point injections

## UNMH Internal Medicine Clinical Privileges

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### **Qualifications for Geriatric Medicine**

*(applicable when an Internal Medicine/Family Medicine Physician treats Geriatric patients only)*

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**Initial Applicant** - *To be eligible to apply for privileges in geriatric 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 or Family Medicine followed by an ACGME- or AOA-accredited fellowship in geriatric medicine.

AND/OR

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 Qualifications in geriatric medicine by the American Osteopathic Board of Internal Medicine or Family Medicine.

AND

**Required current experience:** Applicants must be able to demonstrate provision of care to an adequate volume of inpatients/outpatients, reflective of scope of privileges requested with acceptable outcomes during in the past 12 months, or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

**Renewal of Privileges:** - *To be eligible to renew privileges in geriatric medicine, the reapplicant must meet the following criteria:*

Current demonstrated competence and an adequate volume of experience 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.

## UNMH Internal Medicine Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### ***Core Privileges: Geriatric Medicine***

Admit, evaluate, diagnose, treat, or 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 on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

### **□ Requested**

### ***Geriatric Medicine Procedures List***

This list is a sampling of procedures included in the 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, please strike through those procedures which you do not wish to request, then initial and date.

1. Apply the general principles of geriatric rehabilitation, including those applicable to patients with orthopedic, rheumatologic, cardiac, and neurologic impairments
2. Assess patient 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, dietitians, and rehabilitation experts, in the assessment and implementation of treatment
6. Perform history and physical exam
7. Recognize and evaluate cognitive impairment
8. Treat and prevent iatrogenic disorders

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### **Special Non-Core Privileges** (See Specific Criteria)

If desired, non-core privileges are requested individually in addition to requesting the core. 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 competence.

### **Qualifications for Contraceptive Implant - insertion and removal**

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**Criteria:** Completion of training program required for device specific insertion.

**Required Current Experience:** Demonstrated current competence and evidence of performance of an acceptable volume of device specific insertions and with acceptable results, in the past 12 months.

**Renewal of Privilege:** Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### ***Non-Core Privileges: Contraceptive Implant - insertion/removal***

**Requested**

### **Qualifications for Exercise Testing - Treadmill**

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**Criteria:** 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 50 exercise procedures.

**Required previous experience:** Demonstrated current competence and evidence of the performance of at least 25 exercise tests in the past 12 months.

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

### ***Non-Core Privileges: Exercise Testing - Treadmill***

**Requested**

## UNMH Internal Medicine Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### **Qualifications for Ventilator Management**

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**Criteria:** For ventilator cases not categorized as complex (up to 36 hours), 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.

**Required Current Experience:** Demonstrated current competence and evidence of attendance of an acceptable volume of requested procedure(s) with acceptable results, in the past 12 months or completion of training in the past 12 months.

**Renewal of Privilege:** Demonstrated current competence and evidence of attendance of an acceptable volume of requested procedure(s) with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

***Non-Core Privileges: Ventilator Management***  
***(Not complex including CPAP - up to 36 hours)***

**Requested**

### **Qualifications for Insertion and Management of Central Venous Catheters and Arterial Lines**

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**Criteria:** For Central Venous Catheter and Arterial Lines, 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.

**Required Current Experience:** Demonstrated current competence and evidence of attendance of an acceptable volume of requested procedure(s) with acceptable results, in the past 12 months or completion of training in the past 12 months.

**Renewal of Privilege:** Demonstrated current competence and evidence of attendance of an acceptable volume of requested procedure(s) 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**

## UNMH Internal Medicine Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### *Qualifications for Ultrasound as adjunct to privileged procedure*

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**Initial privileges:** Successful completion of an ACGME- or AOA-accredited residency in internal medicine that included training in ultrasound or 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

**Required current experience:** Demonstrated current competence and evidence of the performance of an adequate number of ultrasound guided procedures in the past 12 months or completion of training in the past 12 months.

**Renewal of privileges:** Demonstrated current competence and evidence of the performance of an adequate number of ultrasound guided procedures 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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**Effective Dates:** \_\_\_\_\_ **To:** \_\_\_\_\_

### **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 Hospitals and clinics, 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 \_\_\_\_\_

### **Division Chief recommendation**

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

### **Patient Safety Officer recommendation**

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

### **Department Chair recommendation**

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

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

Privilege Condition/Modification/Explanation

Notes:

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Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Criteria approved by UNMH Board of Trustees on 02/28/2014