

## UNMH Pulmonary Medicine Clinical Privileges

**Name:**

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

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 12/18/2015*

### **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.

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### *Qualifications for Pulmonary Medicine*

***Initial Applicant*** - To be eligible to apply for privileges in pulmonary 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 followed by fellowship training pulmonary disease

AND

Current certification or active participation in the examination process leading to certification in pulmonary medicine by the American Board of Internal Medicine or a certificate of special qualifications in pulmonary diseases by the American Osteopathic Board of Internal Medicine.

***Required previous experience:*** Applicants for initial appointment must be able to demonstrate the provision of inpatient or consultative services, reflective of the scope of privileges requested, for an acceptable volume of patients during the past 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 (renewal of privileges) requirements:*** To be eligible to renew core privileges in pulmonary medicine, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (inpatient or consultative services for at least patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on the 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: *Pulmonary Medicine***

Admit, evaluate, diagnose, treat and provide consultation to patients of all ages, presenting with conditions, disorders, and diseases of the the lungs and airways. 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**

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### *Pulmonary 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. Perform history and physical exam
2. Airway management
3. CPAP
4. Diagnostic and therapeutic procedures, including thoracentesis, endotracheal intubation, and related procedures
5. Emergency cardioversion
6. Examination and interpretation of sputum, bronchopulmonary secretions, pleural fluid, and lung tissue
7. Flexible fiber-optic bronchoscopy procedures
8. Inhalation challenge studies
9. Insertion of arterial, central venous, and pulmonary artery balloon flotation catheters
10. Management of pneumothorax (needle insertion and drainage system)
11. Operation of hemodynamic bedside monitoring systems
12. Pulmonary function tests to assess respiratory mechanics and gas exchange, to include spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis, and exercise studies
13. Thoracostomy tube insertion and drainage, to include chest tubes
14. Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry
15. Use of a variety of positive pressure ventilatory modes, to include initiation:
  - + ventilatory support to include BiPAP;
  - + weaning, and respiratory care techniques; and
  - + maintenance and withdrawal of mechanical ventilatory support.

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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 Diagnostic Thoracoscopy including biopsy***

**Criteria:** Successful completion of an accredited ACGME or AOA postgraduate training program that included training in thoracoscopy and evidence of the performance of at least five thoracoscopy procedures during training or under the supervision of a qualified surgeon. Optimally, the applicant should demonstrate completion of a thoracoscopy course that conforms to the guidelines of the AATS/STS Joint Committee on Thoracoscopy and Video-Assisted Thoracic Surgery.

**Required previous experience:** Demonstrated current competence and evidence of the performance of an acceptable volume of thoracoscopy procedures during the past 12 months.

**Reappointment requirements:** Demonstrated current competence and evidence of the performance of an acceptable volume of thoracoscopy procedures in the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

### **Non-Core Privileges: *Diagnostic Thoracoscopy Including Biopsy***

**Requested**

## UNMH Pulmonary Medicine Clinical Privileges

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### *Qualifications for Endobronchial Ultrasound (EBUS)*

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**Criteria:** Successful completion of an accredited ACGME or AOA post graduate training program that included training in EBUS or completion of a hands on CME. An acceptable number of procedures should be performed in training in a supervised setting.

**Required previous experience:** Demonstrated current competence and evidence of the performance of an acceptable volume of EBUS procedures during the past 12 months.

**Reappointment requirements:** Demonstrated current competence and evidence of the performance of an acceptable volume of EBUS procedures in the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

#### **Non-Core Privileges: *Endobronchial Ultrasound (EBUS)***

**Requested**

### *Qualifications for Needle biopsy of the chest*

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**Criteria:** Successful completion of an ACGME or AOA accredited residency in pulmonary medicine which included training in needle biopsy of the chest, or documentation of a special course for needle biopsy of the chest.

**Required Current Experience:** Demonstrated current competence and evidence of attendance of an acceptable volume of needle biopsies of the chest 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 needle biopsies of the chest with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

#### **Non-Core Privileges: *Needle biopsy of the chest***

**Requested**

## UNMH Pulmonary Medicine Clinical Privileges

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### *Qualifications for Percutaneous Tracheostomy/Cricothyrotomy tube*

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**Criteria:** Specific training during fellowship in management of these devices, additional formal training or extensive demonstrated experience is required.

**Required previous experience:** Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past 12 months.

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

**NON-CORE PRIVILEGES: *Placement of percutaneous tracheostomy/cricothyrotomy tube***

**Requested**

### *Qualifications for interventional pulmonology with advanced diagnostic and therapeutic bronchoscopy and airway procedures:*

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**Criteria:** Successful completion of an accredited postgraduate training program that included training in interventional pulmonary to include airway stents, rigid bronchoscopy, cryoablation and laser ablation of airway lesions and evidence of the performance of at least five of these procedures during training or under the supervision of a qualified pulmonologist. Optimally, the applicant should demonstrate completion of an interventional pulmonary course or fellowship with a qualified supervisor.

**Required previous experience:** Demonstrated current competence and evidence of the performance of an acceptable volume of advanced airway procedures during the past 12 months.

**Reappointment requirements:** Demonstrated current competence and evidence of the performance of an acceptable volume of these procedures in the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

**NON-CORE PRIVILEGES: *Interventional pulmonology with advanced diagnostic and therapeutic bronchoscopy and airway procedures***

**Requested**

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**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 12/18/2015