

Privileges for: Internal Medicine

Request

MEC Approval: August 27, 2009

Board Approval: September 14, 2009

DEPARTMENT APPROVAL

_____ Approved _____ Disapproved

Department/Section Chair Signature Date

MINIMUM REQUIREMENTS

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in internal medicine

Note: Members who first apply for membership after March 2, 2009 must be and remain (with a lapse of no longer than one year) board certified in internal medicine, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

REFER AND FOLLOW

Please select Refer and Follow privileges if you do not wish to exercise any inpatient privileges. You must have an existing arrangement for referral of your patients with a physician having admitting privileges at St. Elizabeth Healthcare.

_____ Refer and Follow - refer patients to the care of a hospitalist or other appropriately privileged Member (that has been previously arranged) and follow the progress of such patients through discharge. Refer and follow privileges include performing a history and physical and visiting the patient and reviewing medical chart contents. Refer and follow privileges alone do not include the ability to admit patients, write orders, make medical chart entries or otherwise engage in any form of active medical management.

I. Core Privileges: Core privileges in internal medicine include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

DESCRIPTION OF CORE PRIVILEGES

_____ Admit patients, perform histories and physicals, provide consultations and perform the daily workup and management of disease in adult patients. This includes management of patients in the intensive care units, preliminary ECG interpretation, blood transfusion, emergency cardioversion, emergency intubation, CPAP management, local anesthesia use, foley catheter insertion, incision and drainage of abscesses and furuncles and the suture of wounds

_____ Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Intensive Care, Pulmonology or Emergency Medicine or (b) current ACLS Certification or (c) satisfactory completion of the ASA Moderate Sedation course).

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II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Competency is defined as actively participating as the primary operator for each procedure.

DESCRIPTION OF ADDITIONAL PRIVILEGES

- _____ Thoracentesis
- _____ Central Vein Cannulation
- _____ Paracentesis
- _____ Lumbar Puncture
- _____ Joint Aspiration/Injection
- _____ Bone Marrow Aspiration
- _____ Arterial Puncture for Blood Gases and Cannulation
- _____ Swan Ganz Catheter Placement
- _____ Sigmoidoscopy
- _____ Mechanical ventilator management
- _____ Non-invasive positive pressure ventilation

Applicants Signature: _____

Date: _____