

Privileges for: **Rheumatology**

Request

ST. ELIZABETH - EDGEWOOD  
 ST. ELIZABETH - FLORENCE  
 ST. ELIZABETH - FT. THOMAS  
 ST. ELIZABETH - GRANT CO (Surgical & other invasive procedure requiring general anesthetic are not offered)

MEC Approval: August 27, 2009, Rev. February 27, 2014

Board Approval: September 14, 2009, Rev. May 5, 2014

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 and a two-year accredited rheumatology fellowship including at least 12 months of clinical practice

Note: For Practitioners (excluding AHPs) who apply for membership after March 2, 2009 be and remain (with a lapse of no longer than one year) board certified in their principal practice specialty, 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.

I. Core Privileges: Core privileges in rheumatology 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 and provide comprehensive examination, consultation, evaluation, diagnosis, treatment and management of rheumatologic diseases and disorders including rheumatoid arthritis; systemic lupus erythematosus; scleroderma/systemic sclerosis; polymyositis; spondyloarthropathies; vasculitis; crystal-induced synovitis; osteoarthritis; regional musculoskeletal pain syndrome, as well as acute and chronic musculoskeletal pain syndromes; nonarticular rheumatic diseases, including fibromyalgia; nonsurgical exercise-related (i.e., sports) injury; systemic diseases with rheumatic manifestations; metabolic diseases of bone; osteoporosis; infection of joints and soft tissues; Sjogren's syndrome; examination of patients, including a specific examination of structure and function of all joints, both axial and peripheral, as well as periarticular structure and muscle units; diagnostic aspiration and analysis by light and compensated polarized light microscopy of synovial fluid; therapeutic injection of diarthrodial joints, bursae, tenosynovial structures, and entheses; use of nonsteroidal anti-inflammatory drugs, disease-modifying drugs, biologic response modifiers, glucocorticoids, cytotoxic drugs, antihyperuricemic drugs, and antibiotic therapy for septic joints

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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Request

\_\_\_\_\_   
Anesthesia Section Chair

\_\_\_\_\_   
Date

**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.

**DESCRIPTION OF ADDITIONAL PRIVILEGES**

- \_\_\_\_\_ Electromyogram
- \_\_\_\_\_ Epidural steroid injection
- \_\_\_\_\_ Diagnostic ultrasound

**Applicants Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_