Name: ____________________________________________________________

Purpose
Physicians who are members of the Department of Internal Medicine will provide diagnostic and therapeutic services related to internal medicine and the sections/subspecialties within the purview of internal medicine, including:

- Allergy & Immunology
- Dermatology
- Endocrinology & Metabolism
- Gastroenterology
- General Medicine
- Hematology & Oncology
- Infectious Disease
- Nephrology
- Neurology
- Physical Medicine & Rehabilitation
- Pulmonary Medicine
- Radiation Oncology
- Rheumatology

Qualifications
To be eligible to apply for core privileges in the Department of Internal Medicine, the applicant must meet the following qualifications:

- Successful completion of an ACGME- or AOA-accredited residency in Internal Medicine or, for Members in those areas other than general internal medicine, must meet appropriate qualifications for certification by their specialty board;

and

- For section/subspecialties, at least two years of an accredited residency or fellowship in the section/subspecialty;

and

- Documentation of the provision of inpatient or outpatient services to at least 60 patients in the last two years.

- 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 or a designated subspecialty board is highly recommended.

Observation Requirements for Core Privileges
Applicants who have Active, unrestricted Internal Medicine privileges at another hospital for the last five (5) years, may be eligible to have the observation requirements waived for specific privileges if the following items are provided:

- Case list for the last twenty-four (24) months; and
- A letter from the Chair of the Internal Medicine Department which
  - attests to the applicant's medical staff membership, in good standing;
  - confirms the privileges held and appropriateness of privileges requested; and,
  - provides an assessment of the applicant’s overall competence.

Any non-provisional Professional Staff Member holding the privilege(s) may perform concurrent observation or retrospective chart review.

Privileges Included for all Members, with no Observation

- Requested privileges include but are not limited to:
Admit, work-up, diagnose, and provide non-surgical treatment, including consultation for patients above the age of 12 admitted or in need of care to treat general medical problems.

General Medicine
Privileges to admit, perform history and physical, work-up, diagnose, perform bedside testing, provide non-surgical treatment, including consultation for patients admitted or in need of care to treat general medical problems, except for those special procedure privileges listed on page 8 which must be requested separately.

Observation requirements
Retrospective review of first five (5) cases.

General Medicine Core Privileges,
☐ Requested privileges include but are not limited to:
  ▪ Arterial blood gases
  ▪ Arterial puncture
  ▪ Aspiration / injection for joint effusion
  ▪ EKG testing and interpretation
  ▪ Endotracheal intubation
  ▪ Diagnostic lumbar puncture
  ▪ Peripheral nerve block
  ▪ Paracentesis
  ▪ Pulmonary function testing on own patients
  ▪ Skin biopsy
  ▪ Swan-Ganz insertion with central venous line placement
  ▪ Thoracentesis
  ▪ Treadmill exercise testing
  ▪ Ventilation management
  ▪ *Central venous line placement/removal. (*Must present case logs before the privilege can be granted.)
SPECIALISTS WITHIN THE DEPARTMENT OF INTERNAL MEDICINE

Allergy and Immunology

Allergy and immunology shall consist of non-surgical therapy for patients presenting with allergic and immunologic disorders and conditions, including the provision of consultation.

Observation requirements
Retrospective review of first five (5) cases.

Allergy and Immunology Core Privileges

- Requested privileges include, but are not limited to:
  - Allergy skin testing
  - Bronchial provocation testing
  - Drug desensitization oral or parenteral
  - Immunotherapy
  - Pulmonary exercise physiology studies
  - Pulmonary function study interpretation
  - Rhinopharyngolaryngoscopy

Dermatology

Dermatology shall consist of therapy to patients of all ages with illnesses or injuries of the integumentary system (epidermis, dermis, subcutaneous tissue, hair, nails, and cutaneous glands) including consultation and the performance of simple excision and repair, skin and nail biopsy, scalp surgery, skin grafting, sclerotherapy, electrolysis, cutaneous cryosurgery and collagen injections.

Observation requirements
Retrospective review of first five (5) cases.

Dermatology Core Privileges

- Requested privileges include, but are not limited to:
  - Excision of simple skin lesions and closure of wounds
  - Skin biopsy
  - Allergy skin testing

Endocrinology & Metabolism

Endocrinology shall consist of treatment or consultative services with illness, injuries, or disorders of the endocrine or metabolic systems.

Observation requirements
Retrospective review of first five (5) cases.

Endocrinology & Metabolism Core Privileges

- Requested privileges include but are not limited to:
  - Needle biopsy of thyroid gland
  - Radioisotope therapy
**Gastroenterology**
Gastroenterology shall consist of treatment and consultation with illnesses, injuries, and disorders of the stomach, intestines, and related structures, such as the esophagus, liver, gallbladder and pancreas.

**Observation requirements**
Retrospective review of first five (5) cases.

**Gastroenterology Core Privileges**
- Acid perfusion study
- Balloon stone extraction
- Biliary stent placement
- Colonoscopy with or without biopsy
- EGD with or without dilatation
- Endoscopic polypectomy
- Endoscopic retrograde cholangiopancreatography (ERCP)
- Esophageal dilation
- GI motility studies
- Liver biopsy
- Nasobiliary drain placement
- Percutaneous liver biopsy
- Peritoneoscopy
- Sengstaken-Blakemore tube placement
- Small bowel biopsy
- Sphincterotomy
- Variceal banding and sclerotherapy
- Variceal sclerotherapy

**Hematology & Oncology**
Hematology & Oncology shall consist of treatment or consultative services with illnesses and disorders of the blood, blood-forming tissues and immunologic systems.

**Observation Requirements**
Retrospective review of first five (5) cases.

**Hematology & Oncology Core Privileges**
- Biological response modifier therapy
- Bone marrow aspiration
- Bone marrow biopsy
- Immune, growth factor and other biological products treatment
- Intrathecal antineoplastic drug therapy
- Regional perfusion and arterial antineoplastic drug therapy
- Single or combination antineoplastic drug therapy
- Therapeutic apheresis
- Plasmapheresis
**Infectious Disease**

Infectious disease shall consist of treatment or consultative services for patients presenting with infectious or immunologic diseases, management of an unusually severe infection such as tuberculosis, meningitis, disseminated tuberculosis, and systemic mycosis, and unusual infections in the immune-compromised host.

**Observation requirements**
Retrospective review of first five (5) cases.

**Infectious Disease Core Privileges**
- Requested privileges include, but are not limited to:
  - Management of investigational anti-infective agents
  - Lumbar puncture

**Nephrology**

Nephrology shall consist of treatment or consultative services for patients presenting with illnesses and disorders of the kidneys.

**Observation requirements**
Retrospective review of first five (5) cases.

**Nephrology Core Privileges**
- Requested privileges include, but are not limited to:
  - Catheter placement
  - Dialysis catheter placement, peritoneal (acute)
  - Dialysis, peritoneal (acute/chronic)
  - Hemodialysis (acute/chronic)
  - Hemofiltration and continuous arterial venous hemofiltration (CAVH)
  - Hemoperfusion
  - Plasmapheresis (therapeutic aphaeresis)
  - Pulse therapy with biologies and/or antineplastic drug therapy
  - Renal biopsy (needle)
  - Tenckhoff catheter placement

**Neurology**

Neurology shall consist of non-surgical therapy to treat or correct illnesses of the neurologic system, including the provision of consultation.

**Observation requirements**
Retrospective review of first five (5) cases.

**Neurology Core Privileges**
- Requested privileges include, but are not limited to:
  - EEG interpretation
  - EMG interpretation
  - Somatosensory, auditory and visual evoked potentials
  - Lumbar puncture
Physical Medicine and Rehabilitation
Prevention, diagnosis, and integrated care treatment of persons of all ages with neuromusculoskeletal diseases, injuries, pain syndromes, electrodiagnostic medicine, and rehabilitation of patients with functional impairments involving all body systems.

Observation requirements
Retrospective review of first five (5) cases.

Physical Medicine & Rehabilitation Core Privileges
☑ Requested privileges include, but are not limited to:
- Management of patient with amputation
- Cardiac, pulmonary and respiratory diseases
- Cancer rehabilitation
- CNS degenerative and demyelinating diseases
- Chronic pain and pain syndromes
- Cranial nerve dysfunction
- Deconditioning
- Diseases of nerve and muscle (including trauma injuries)
- Disorders of the spine and extremities
- EMG/NCS (nerve conduction studies)
- Evaluation of stroke syndromes
- Musculoskeletal disorder (including disorders of the joint, connective tissue, sports injuries)
- Myopathies and neuropathies
- Neuromusculoskeletal syndromes (acute/chronic)
- Non-traumatic and other brain dysfunctions
- Patients with swallowing disorders
- Pediatric rehab and cerebral palsy
- Peripheral nerve disorder
- Peripheral vascular disorders
- Pressure ulcers
- Spinal cord injuries
- Traumatic brain injury

Pulmonary Medicine
Pulmonary Medicine shall consist of treatment or consultative services for conditions, disorders, injuries and diseases of the organs of the thorax or chest, the lungs, cardiovascular and tracheobronchial systems, esophagus and other mediastinal contents, diaphragm and circulatory system.

Observation requirements
Retrospective review of first five (5) medical cases

Pulmonary Medicine Core Privileges, with Observation
☑ Requested privileges include, but are not limited to:
- Cardiopulmonary stress testing
- Chest tube thoracostomy
- Cold air/methacholine/exercise/bronchial challenge testing
- Thoracentesis
Pulmonary Medicine (cont):
Special procedures privileges
To be eligible to apply for a special procedure privilege listed below, 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 case logs for the last 24 months 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.

<table>
<thead>
<tr>
<th>Requested Procedure</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronchoscopy with/without biopsy</td>
<td>Concurrent observation of first three (3) cases.</td>
</tr>
<tr>
<td>Percutaneous lung biopsy</td>
<td>Concurrent observation of first three (3) cases.</td>
</tr>
<tr>
<td>Pulmonary function testing and interpretation</td>
<td>Concurrent observation of first three (3) cases.</td>
</tr>
<tr>
<td>Whole lung lavage</td>
<td>Concurrent observation of first case.</td>
</tr>
</tbody>
</table>

Radiation Oncology
Radiation Oncology shall consist of treatment or consultative services for patients requiring such services.

Observation requirements
Retrospective review of first six (6) cases. (Observation requirement waived for Radiation Oncology Alliance covering providers.)

Radiation Oncology Core Privileges
- Requested privileges include, but are not limited to:
  - Treatment planning
  - External beam radiation therapy (linear accelerator generator, gamma rays from sealed cobalt courses)
  - Brachytherapy (including surgical privileges for implantation of applicators, radioactive sources and/or examination under anesthesia) to include: intracavitary applications, interstitial implants, free-hand procedures, template procedures, high intensity after loading procedures, adequate placement of after-loading apparatus
  - Perform simulation procedures including fluoroscopy, filming and contrast injections, as in use of IV, enteric and intralymphatic contrast media, use of catheters including placement of same, use of IV fluids, and use of fabrication of immobilization/shielding devises
  - Needle aspiration
  - Anoscopy
  - Mirror laryngoscopy
  - Rhinolaryngoscopy
  - Administration of ultrasound or microwaves for hyperthermia application
  - Administration of drugs to augment, change or facilitate distribution/management of therapeutic radiation
  - Invasive procedures
  - Unsealed radiopharmaceuticals
**Rheumatology**
Rheumatology shall consist of treatment or consultative services with rheumatic or suspected rheumatic diseases.

**Observation requirements**
Retrospective review of first five (5) cases

**Rheumatology Core Privileges, with Observation**
- Requested privileges include, but are not limited to:
  - Diagnostic aspiration of synovial fluid from diarthrodial joints, bursae, and tenosynovial structures
  - Therapeutic injection of diarthrodial joints, bursae, tenosynovial structures and enthuses
  - Arthrocentesis

**Special procedures privileges**
To be eligible to apply for a special procedure privilege listed below, 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 case logs for the last 24 months 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.

<table>
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<tr>
<th>Requested Procedure</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone Marrow biopsy</td>
<td>Concurrent observation of first three (3) cases.</td>
</tr>
<tr>
<td>Botulin toxin injections</td>
<td>Documentation of training and experience.</td>
</tr>
<tr>
<td>Brain stem auditory evoked potentials</td>
<td>Documentation of training and experience.</td>
</tr>
<tr>
<td>Chemical Pleurodesis</td>
<td>Documentation of training and experience.</td>
</tr>
<tr>
<td>Cystoscopy</td>
<td>Documentation of training and experience.</td>
</tr>
<tr>
<td>Discography</td>
<td>Documentation of training and experience.</td>
</tr>
<tr>
<td>Elective Cardioversion</td>
<td>Concurrent observation of first case required. Biennial Renewal: 1 elective cardioversion case. No specific requests for documentation of currency for renewal shall be required for physicians who have completed a fellowship and are at least actively participating in the examination process leading to board certification when the procedure is included as part of his training unless recommended by the Section Chair.</td>
</tr>
<tr>
<td>Facet joint arthrogram</td>
<td>Documentation of training and experience.</td>
</tr>
<tr>
<td>Fiberoptic endoscopic evaluation of swallowing (FEES)</td>
<td>Documentation of training and experience.</td>
</tr>
<tr>
<td>Fiberoptic rhinopharyngolaryngoscopy</td>
<td>Documentation or training and experience.</td>
</tr>
<tr>
<td>Interventional pain treatment including</td>
<td>Documentation of training and experience.</td>
</tr>
</tbody>
</table>
intrathecal pumps and/or electrical stimulation
Laser surgery Documentation of training and experience.
Medical acupuncture If requested, specific privileging guidelines will be forwarded to you.
Moderate Sedation If requested, specific privileging guidelines will be forwarded to you.
Motor point blocks Documentation of training and experience.
OMT Retrospective review of six (6) cases. Concurrent review may be assigned by Chair.
Pericardiocentesis Concurrent observation of first two (2) cases required
Permanent pacemaker insertion Documentation of training and experience.
Somatosensory evoked potentials Documentation of training and experience.
Temporary pacemaker insertion Concurrent observation of first three (3) cases.
Tumor ablation Documentation of training and experience.
Urodynamic studies Documentation of training and experience.
Variceal and non-variceal hemostasis Documentation of training and experience.
Visual evoked potentials Documentation of training and experience.

Provisional year chart review requirement
All of the extension cases will be retrospectively reviewed, during the quality improvement process, during the first year at 6 and 12-month intervals.
If there is not a sufficient level of activity during the provisional period, recommendations for privileges or an extension of provisional status will be at the discretion of the Department Chairman.

Acknowledgement of practitioner
I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at McLaren Greater Lansing, 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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: __________________________________________ Date: ___________________
I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

(  ) Approve as requested
(  ) Approve with modifications as noted below
(  ) Denial of privileges

Modifications: ________________________________________________________________________

____________________________________________________________________________________

Observers: __________________________________________________________________________

____________________________________________________________________________________

Section Chairman (if applicable) Date

Chairman, Department of Internal Medicine Date

Co-Chief of Professional Staff (for interim privileges) Date

Action:

Credentials Committee Date: ________________________________

Professional Staff Executive Committee Date: ________________________________

Board of Trustees Date: ________________________________

Comments: _________________________________________________________________________