

ATRIUM HEALTH
DELINEATION OF PRIVILEGES
SPECIALTY OF INTERNAL MEDICINE

Print Name _____

| | | | | |
|--|-----|--|-----|---|
| | YES | | NO* | I have participated in direct patient care in the hospital setting within the past two (2) years. |
|--|-----|--|-----|---|

***If the answer is “No”, please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.**

If you would like to request Moderate Sedation (Conscious Sedation), please see the Moderate Sedation Delineation of Privileges form.

Initial appointment **Reappointment** **Updated DOP** **Request for Clinical Privileges**

To be eligible for core privileges in General Internal Medicine, the applicant must meet the following qualifications:

- If the applicant is not currently certified in Internal Medicine by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
 1. Provide documentation of successful completion, within the past five (5) years, of an ACGME or AOA accredited residency training program in Internal Medicine; **AND**
 2. Demonstrate sufficient experience in Internal Medicine skills to safely undertake the full spectrum of the General Internal Medicine procedures being requested. Experience must include evidence of current clinical competence during the past two (2) years. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts; **OR**

- If the applicant is currently certified in Internal Medicine by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association, the applicant must:
 1. Demonstrate sufficient experience in Internal Medicine skills to safely undertake the full spectrum of the General Internal Medicine procedures being requested. Experience must include evidence of current clinical competence during the past two (2) years. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

- Carolinas HealthCare System Kings Mountain applicants may be eligible for Core General Internal Medicine privileges by meeting the following qualifications:
 1. Demonstrate sufficient experience in Internal Medicine skills to safely undertake the full spectrum of General Internal Medicine procedures. Experience must include evidence of current clinical competence during the past two (2) years. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

Print Name _____

NOTE 1: Physicians must apply for “CORE” privileges in order to be eligible for clinical privileges in the specialty of General Internal Medicine at any facility within Atrium Health.

NOTE 2: “CORE” privileges cannot be amended or altered in any way.

NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

*** SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

Please check appropriate blocks when applying for privileges:

| CMC | Pineville | University | CR | Lincoln | NorthEast | Union | Stanly | Anson | Cleveland | Kings Mountain | | GENERAL INTERNAL MEDICINE - STANDARD CORE PRIVILEGES |
|-----|-----------|------------|-----|---------|-----------|-------|--------|-------|-----------|----------------|--------|---|
| | | | N/A | | | | | | | | CMED-1 | Standard Core General Internal Medicine privileges. |

CMED-1 will allow non-critical care of adult and young adult patients for common medical conditions serving in a consulting role or as the attending physician. These privileges include medical consultation as requested by other physicians, interpretation of routine laboratory and radiographic studies, electrocardiograms, remove chest tubes, and dictation and record keeping as required by the institution and other regulatory bodies.

NOTE: Core privileges in CMED-1 do not extend to the provision of care in the intensive care or critical care settings. A critical care consult is required with the escalation of care.

| CMC | Pine. | Univ. | CR | Lin. | NE | Union | Stanly | Anson | Cle. | KM | GENERAL INTERNAL MEDICINE SPECIAL PRIVILEGES | Minimum Number Required | Number Performed Within The Past 2 Years | Location |
|-----|-------|-------|-----|------|----|-------|--------|-------|------|----|---|---|--|----------|
| | | | N/A | | | | | | | | Must apply for and maintain General Internal Medicine – Standard Core Privileges (CMED-1) | | | |
| | | | N/A | | | | | | | | CMED-1(a)* | Cardiac Stress Testing – Drug Induced | 5 | |
| | | | N/A | | | | | | | | CMED-1(b)* | Cardiac Stress Testing – Exercise | 5 | |
| | | | N/A | | | | | | | | CMED-1(c)* | Flexible Sigmoidoscopy | 15 | |
| | | | N/A | | | | | | | | CMED-1(d)* | Holter Monitor Evaluation for Arrhythmias | 5 | |

Print Name _____

| CMC | Pineville | University | CR | Lincoln | NorthEast | Union | Stanly | Anson | Cleveland | Kings Mountain | | CORE GENERAL INTERNAL MEDICINE PRIVILEGES – REHABILITATION HOSPITAL SETTING <u>ONLY</u> |
|-----|-----------|------------|----|---------|-----------|-------|--------|-------|-----------|----------------|--------|--|
| N/A | N/A | N/A | | N/A | N/A | N/A | N/A | N/A | N/A | N/A | CMED-5 | Privileges include evaluation and management, as well as procedures approved for performance within the acute rehabilitation setting, in conjunction with the comprehensive rehabilitation treatment plan. |

CMED-2 COMPLEX GENERAL INTERNAL MEDICINE – CORE PRIVILEGES

The applicant must meet the following:

1. Demonstrate sufficient experience in Internal Medicine skills to safely undertake the full spectrum of the Complex General Internal Medicine procedures being requested; **AND**
2. Submit documentation of thirty (30) “inpatient” patient encounters during the past (2) years to include some portion in critical care. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts

| CMC | Pineville | University | CR | Lincoln | NorthEast | Union | Stanly | Anson | Cleveland | Kings Mountain | | GENERAL INTERNAL MEDICINE - COMPLEX CORE PRIVILEGES |
|-----|-----------|------------|-----|---------|-----------|-------|--------|-------|-----------|----------------|--------|--|
| | | | N/A | | | | | | | | CMED-2 | General Internal Medicine Complex Core privileges. |

Privileges as outlined in Standard Core privileges in either a consulting role or as the attending physician patients with complex medical conditions and patients in the critical care settings.

Privileges include the evaluation and care of adult and young adult patients for complex medical conditions, including insertion of peripheral intravenous lines, nasogastric intubation, lumbar puncture, skin biopsy, cardiopulmonary resuscitation, incision and drainage of a superficial abscess, remove chest tubes, and joint aspiration and injection.

Print Name _____

NOTE 1: Physicians must apply for GENERAL INTERNAL MEDICINE – COMPLEX “CORE” Privileges (CMED-2) in order to be eligible for additional complex clinical privileges at any facility within Atrium Health.

NOTE 2: “CORE” privileges cannot be amended or altered in any way.

NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

| CMC | Pine. | Univ. | CR | Lin. | NE | Union | Stanly | Anson | Cle. | KM | GENERAL INTERNAL MEDICINE -COMPLEX SPECIAL PRIVILEGES | Minimum Number Required | Number Performed Within The Past 2 Years | Location |
|-----|-------|-------|-----|------|----|-------|--------|-------|------|----|--|---|--|----------|
| | | | | | | | | | | | Must apply for and maintain General Internal Medicine – Complex Core Privileges (CMED-2) | | | |
| | | | N/A | | | | | | | | CMED-2(a)* | Arterial Puncture and Line | 5 | |
| | | | N/A | | | | | | | | CMED-2(b)* | Cardiac Stress Testing – Drug Induced | 5 | |
| | | | N/A | | | | | | | | CMED-2(c)* | Cardiac Stress Testing – Exercise | 5 | |
| | | | N/A | | | | | | | | CMED-2(d)* | Central Vein Catheter Insertion | 10 | |
| | | | N/A | | | | | | | | CMED-2(e)* | Flexible Sigmoidoscopy | 15 | |
| | | | N/A | | | | | | | | CMED-2(f)* | Holter Monitor Evaluation for Arrhythmias | 5 | |
| | | | N/A | | | | | | | | CMED-2(g)* | Paracentesis | 5 | |
| | | | N/A | | | | | | | | CMED-2(h)* | Pulmonary Artery Catheter Insertion (Swan-Ganz) | 15 | |
| | | | N/A | | | | | | | | CMED-2(i)* | Thoracentesis | 5 | |
| | | | N/A | | | | | | | | CMED-2(j)* | Ventilator Management | 5 | |

Maintenance Criteria for Continued Privileges (CMED-2(a) through CMED-2(j)):

The Physician must submit a representative sample of a minimum of ten (10) cases, to include at least two (2) cases for each special privilege held, over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Print Name _____

| CMC | Pineville | University | CR | Lincoln | NorthEast | Union | Stanly | Anson | Cleveland | Kings Mountain | | GENERAL INTERNAL MEDICINE - OUTPATIENT |
|-----|-----------|------------|-----|---------|-----------|-------|--------|-------|-----------|----------------|--------|--|
| N/A | N/A | N/A | N/A | N/A | | N/A | N/A | N/A | N/A | N/A | CMED-3 | General Internal Medicine Outpatient privileges. |

Core privilege in internal medicine (outpatient) include the provision of care for patients over the age of 16 including work-up, diagnosis, and provision of non-surgical treatment including consultation to treat general medical problems.

| CMC | Pineville | University | CR | Lincoln | NorthEast | Union | Stanly | Anson | Cleveland | Kings Mountain | Must apply for and maintain General Internal Medicine – Standard or Complex Core Privileges (CMED-1 or CMED-2) | Number Performed Within The Past 2 Years | Location |
|-----|-----------|------------|-----|---------|-----------|-------|--------|-------|-----------|----------------|---|---|-----------------|
| | | N/A | N/A | N/A | N/A | | | | | | CMED-4* | Medical Acupuncture | |

*Applicant must provide documentation from their training program of at least 200 hours of AMA Category I training in Medical Acupuncture, deemed satisfactory by the Chief. In addition, the applicant may be required to demonstrate to the Psychiatry Chief knowledge of the risks, benefits, and contraindications of the procedure.

Physicians practicing Medical Acupuncture are expected to establish diagnoses within the traditional framework of Western medical thought, through an appropriate work-up of the patient's condition. It is noted that Acupuncture shall be used in concert with traditional Western medical thought and will not be used as the first alternative unless medical necessity indicates that it is the preferred procedure. The patients' treatment options should also be documented and the rationale for using Medical Acupuncture in each particular situation.

Print Name

INTERNAL MEDICINE CRITICAL CARE PRIVILEGES

To be eligible for core privileges in Critical Care Medicine Core Privileges, the applicant must meet the following qualifications:

- If the applicant is not currently subspecialty certified in Critical Care Medicine by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) the applicant must:
 1. Provide documentation of certification in Internal Medicine; **AND**
 2. Provide documentation of successful completion of a two (2) year ACGME or AOA accredited Critical Care Medicine Fellowship training program, within the past five (5) years; **AND**
 3. Verification from the fellowship program director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

OR

- If the applicant is currently subspecialty certified in Critical Care Medicine by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
 1. Provide documentation of subspecialty certification in Critical Care Medicine from the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA); **AND**
 2. Verification from the Department Chief where the Applicant most recently practiced documenting that the Applicant has provided inpatient critical care or consultative services for at least sixty (60) patients during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

| CMC | Pineville | University | CR | Lincoln | NorthEast | Union | Stanly | Anson | Cleveland | Kings Mountain | | CRITICAL CARE MEDICINE CORE PRIVILEGES |
|-----|-----------|------------|-----|---------|-----------|-------|--------|-------|-----------|----------------|--------|--|
| | | | N/A | | | | | | | | CMED-6 | Privileges to evaluate, diagnose, and provide treatment to critically ill patients, both adult and young adult, (inclusive of neurological or postneurosurgical, postsurgical, postcardiac/thoracic surgical care) in the ICU with multiple organ dysfunction and in need of critical care for life threatening disorders. |

NOTE: Privileges include but not limited to airway maintenance, elective intubation with ***moderate sedation (including direct laryngoscopy and fiberoptic laryngoscopy); arterial puncture and arterial line placement; arterial balloon catheter insertion; bladder catheterization; calibration and operation of hemodynamic recording systems; cardiac output determinations by thermodilution and other techniques (including arterial and pulmonary artery balloon flotation catheters); cardiac temporary pacemaker insertion and application; cardiopulmonary resuscitation; calculation of oxygen content; cardioversion; electrocardiogram interpretation; insertion and management of chest tubes including pig tail catheters and draining systems, needle insertion and drainage systems; insertion of central venous catheters; insertion of hemodialysis catheters; interpretation of intracranial pressure monitoring; lumbar puncture; paracentesis; percutaneous needle aspiration of joints and superficial fluid collections; thoracentesis; transtracheal catheterization; ultrasound guided venous catheter placement; ventilator management (both invasive and non-invasive), including experience with various modes; intra-aortic balloon pump removal; (FAST) Confirmation of traumatic free intraperitoneal and intrathoracic fluid by Focused Assessment with Sonography for Trauma (FAST) exam; Basic Resuscitation Cardiac Ultrasound (Pericardial Effusion and Cardiac Activity) and Advanced Emergency Cardiac Ultrasound (Right Ventricle Dilation and Global Left Ventricle Function); and Emergency Ultrasound (Soft-Tissue Infection and Musculoskeletal).

*** Note: Medical Critical Care Physicians function in accordance with the Moderate Sedation Policy and Delineation of Privileges form.

Print Name

Maintenance Criteria for Continued Critical Care Medicine Core (CMED-6) Privileges:

The Physician must submit a minimum of fifty (50) inpatient and/or consultative services over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

| CMC | Pine. | Univ. | CR | Lin. | NE | Union | Stanly | Anson | Cle. | KM | SPECIAL PRIVILEGES Must apply for and maintain Critical Care Medicine Core Privileges (CMED-6) | Minimum Number Required | Number Performed Within The Past 2 Years | Location |
|-----|-------|-------|-----|------|-----|-------|--------|-------|------|-----|--|-------------------------|--|----------|
| | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | CMED-6(a)* Extracorporeal Membrane Oxygenation (ECMO) Management | 4 | | |
| | | | N/A | | | | N/A | | | | CMED-6(b)* Elective Percutaneous Tracheostomy and Tube Placement | 20 | | |
| | | | N/A | | | | | | | | CMED-6(c)* Endotracheal Intubation Techniques | 10 | | |
| | | | N/A | | | | | | | | CMED-6(d)* Flexible Bronchoscopy (not including biopsies) | 15 | | |

Print Name _____

To be eligible for Emergency Medicine Core Privileges, the applicant must have privileges in Emergency Medicine at an Atrium Health facility prior to December 31, 2018.

| CMC | Pineville | University | CR | Lincoln | NorthEast | Union | Stanly | Anson | Cleveland | Kings Mountain | | EMERGENCY MEDICINE CORE PRIVILEGES |
|-------|-----------|------------|-----|---------|-----------|-------|--------|-------|-----------|----------------|--------|---|
| N/A** | N/A** | N/A** | N/A | N/A** | N/A** | N/A** | | | N/A** | N/A** | CMED-7 | <p>Privileges to assess, evaluate, diagnose and provide initial treatment to patients of all age groups, except as specifically excluded from practice, who present in the Emergency Department with any symptom, illness, injury or condition; to provide services necessary to ameliorate minor illnesses or injuries and stabilize patients with major illnesses or injuries; and to assess all patients to determine whether additional care is necessary.</p> <p>PLEASE NOTE - privileges do not include long-term care of patients on an inpatient basis, or admitting or performing scheduled elective procedures with the exception of procedures performed during routine Emergency Department follow-up visits.</p> |

NOTE: Privileges include but are not limited to abscess incision and drainage, including Bartholin's cyst; Administration of thrombolytic therapy for myocardial infarction, pulmonary embolism, and/or stroke; Anoscopy; Application of splints and plaster fiberglass or similar molds; Arterial puncture and cannulations; Arthrocentesis and joint injection; Regional anesthesia defined as peripheral nerve, field and Bier blocks using local anesthetics for the purpose of providing anesthesia to perform invasive procedures or manage acute pain; Bladder decompression and catheterization techniques; Blood component transfusion therapy; Burn management, including escharotomy; Cannulation, artery and vein; Cardiac pacing, including, but not limited to, external, transthoracic and tranvenous; Cardiac massage, open or closed; Cardioversion (synchronized counter shock); Central venous access (femoral, jugular, peripheral, internal jugular, subclavian, and cutdowns); Cricothyrotomy; Defibrillation (internal or external); Delivery of newborn, emergency; Dislocation/fracture reduction/immobilization techniques; Electrocardiography interpretation; Endotracheal intubation techniques; GI decontamination (emesis, lavage, charcoal); Hernia reduction; Immobilization techniques; Irrigation and management of caustic exposures; Insertion of emergency transvenous pacemaker; Intracardiac injection; Intraosseous infusion; Laryngoscopy, direct and indirect; Lumbar puncture; Management of epistaxis; Nail trephine techniques; Nasal cautery/packing; Nasogastric/orogastric intubation; Ocular tonometry; Oxygen therapy; Paracentesis; Pericardiocentesis, emergency only; Peripheral venous cutdown; Peritoneal lavage or tap; Preliminary interpretation of plain films; Removal of foreign bodies from soft tissues airway, including nose, eye, ear, rectum and vagina; soft instrumentation/ irrigation, skin, or subcutaneous tissue; Removal of IUD; Repair of lacerations; Resuscitation, all ages; Slit lamp used for ocular exam, removal of corneal foreign body; Splint or cast application after reduction of fracture or dislocation; Spine immobilization; Thoracentesis; Thoracostomy tube or catheter insertion; Thoracotomy, open for patients in extremis; use of manual and mechanical ventilators and resuscitators; wound debridement and repair; moderate and deep sedation in accordance to sedation policy; Confirmation of intrauterine pregnancy by pelvic ultrasound; (FAST) Confirmation of traumatic free intraperitoneal and intrathoracic fluid by Focused Assessment with Sonography for Trauma (FAST) exam; (AAA) Confirmation of presence of abdominal aortic aneurysm by focused abdominal sonography; Basic Resuscitation Cardiac Ultrasound (Pericardial Effusion and Cardiac Activity) and Advanced Emergency Cardiac Ultrasound (Right Ventricle Dilation and Global Left Ventricle Function); Emergency Ultrasound (Ocular for use in evaluation of Intraocular Pathology excluding Optic Nerve Measurements); Emergency Ultrasound (Soft-Tissue Infection and Musculoskeletal).

**Due to contractual restrictions, these privileges cannot be granted at this time.

PRIVILEGES REQUESTED BY:

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 Atrium Health 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.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

Signature

Date

Print Name

CMED-2 (a) ARTERIAL PUNCTURE AND LINE

EXPLANATION: Percutaneous insertion of a catheter into an artery (examples include the radial, brachial, or femoral artery). Generally, the purpose of such a catheter is to be connected to pressure monitoring devices and for blood sampling of arterial blood.

QUALIFICATIONS: Knowledge of the anatomy of the artery (and variants) to be catheterized. Skills should also include knowledge and training with respect to catheter insertion techniques and complications.

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in Internal Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Arterial Puncture and Line; **OR**
- a. Provide a minimum number of five (5) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Arterial Puncture and Line. You must provide documentation of proctoring for five (5) procedures.

CMED-2 (b) CARDIAC STRESS TESTING - DRUG INDUCED

EXPLANATION: Drug use (intravenous persantine, intravenous adenosine, intravenous isoproterenol, etc.) procedures intended to stimulate or induce cardiac ischemia must be supervised by a physician skilled and privileged to perform such a procedure with its associated evaluations and risks management.

QUALIFICATIONS: The procedures to induce cardiac ischemia must be supervised by a physician who is knowledgeable in the interpretation of twelve-lead ECG's and stress induced ECG's. The physician must present documentation of his/her knowledge and experience in the treatment of angina, myocardial infarction, cardiac arrhythmias, asthma, cardiac arrest, CPR, and the risks of the techniques used to induce ischemia.

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in Internal Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Cardiac Stress Testing – Drug Induced; **OR**
1. Provide a minimum number of five (5) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Cardiac Stress Testing – Drug Induced. You must provide documentation of proctoring for five (5) procedures.

These procedures are often used in conjunction with other cardiac functional evaluation techniques, such as echocardiography or nuclear medicine scanning procedures. The skills and training to interpret these other cardiac evaluation techniques should be defined by the specific department under which the privileges exist and not be confused with the procedures privileged to induce ischemia.

CMED-2 (c) CARDIAC STRESS TESTING – EXERCISE

EXPLANATION: Any physical exercise activity (treadmill, biking, etc.), intended to stimulate or induce cardiac ischemia must be supervised by a physician skilled and privileged to perform such a procedure with its associated evaluations and risks management.

QUALIFICATIONS: The procedures to induce cardiac ischemia must be supervised by a physician who is knowledgeable in the interpretation of twelve-lead ECG's and stress induced ECG's. The physician must present documentation of his/her knowledge and experience in the treatment of angina, myocardial infarction, cardiac arrhythmias, asthma, cardiac arrest, CPR, and the risks of the techniques used to induce ischemia.

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in Internal Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Cardiac Stress Testing – Exercise; **OR**
1. Provide a minimum number of five (5) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Cardiac Stress Testing - Exercise. You must provide documentation of proctoring for five (5) procedures.

These procedures are often used in conjunction with other cardiac functional evaluation techniques, such as echocardiography or nuclear medicine scanning procedures. The skills and training to interpret these other cardiac evaluation techniques should be defined by the specific department under which the privileges exist and not be confused with the procedures privileged to induce ischemia.

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CMED-2 (d) CENTRAL VEIN CATHETER INSERTION

EXPLANATION: Percutaneous insertion of a catheter into a central vein (examples include the internal jugular, subclavian, or femoral veins). Generally, the purpose of such catheters is to provide access to the venous blood system for infusions of fluids, monitoring venous pressures, blood access for dialysis and for blood sampling of venous blood.

QUALIFICATIONS: Knowledge of the anatomy of the large veins (and variants) to be catheterized. Skills should also include knowledge and training with respect to catheter insertion techniques and complications.

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in Internal Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Central Vein Catheter Insertion; **OR**
1. Provide a minimum number of ten (10) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Central Vein Catheter Insertion. You must provide documentation of proctoring for ten (10) procedures.

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CMED-2 (e) FLEXIBLE SIGMOIDOSCOPY

EXPLANATION: Applicant shall present evidence of appropriate training and qualifications to perform Flexible Sigmoidoscopy.

QUALIFICATIONS: The applicant shall have the burden of producing adequate information for proper evaluation of his competence and qualifications and for resolving any doubts about such qualifications. This documentation may be provided by the applicant, and/or by a letter from the proctor stipulating that the procedures have been performed by the applicant under the direct supervision of the proctor.

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in Internal Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Sigmoidoscopy; **OR**
1. Provide a minimum number of fifteen (15) cases performed within the past two (2) years.
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Flexible Sigmoidoscopy. You must provide documentation of proctoring for fifteen (15) procedures.

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CMED-2 (f) HOLTER MONITOR EVALUATION FOR ARRHYTHMIAS

EXPLANATION: Applicant shall present evidence of appropriate training and qualifications to perform Holter Monitor Evaluation for Arrhythmias.

QUALIFICATIONS: The applicant shall have the burden of producing adequate information for proper evaluation of his competence and qualifications and for resolving any doubts about such qualifications. This documentation may be provided by the applicant, and/or by a letter from the proctor stipulating that the procedures have been performed by the applicant under the direct supervision of the proctor.

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in Internal Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Holter Monitor Evaluation for Arrhythmias; **OR**
1. Provide a minimum number of five (5) cases performed within the past two (2) years.
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Flexible Holter Monitor Evaluation for Arrhythmias. You must provide documentation of proctoring for five (5) procedures.

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CMED-2 (g) PARACENTESIS

EXPLANATION: Applicant shall present evidence of appropriate training and qualifications to perform Paracentesis.

QUALIFICATIONS: The applicant shall have the burden of producing adequate information for proper evaluation of his competence and qualifications and for resolving any doubts about such qualifications. This documentation may be provided by the applicant, and/or by a letter from the proctor stipulating that the procedures have been performed by the applicant under the direct supervision of the proctor.

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in Internal Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Paracentesis; **OR**
1. Provide a minimum number of five (5) cases performed within the past two (2) years.
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Paracentesis. You must provide documentation of proctoring for five (5) procedures.

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CMED-2 (h) PULMONARY ARTERY CATHETER INSERTION (SWAN GANZ)

QUALIFICATIONS: The applicant shall have the burden of producing adequate information for proper evaluation of his competence and qualifications and for resolving any doubts about such qualifications. This documentation may be provided by the applicant, and/or by a letter from the proctor stipulating that the procedures have been performed by the applicant under the direct supervision of the proctor.

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in Internal Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Pulmonary Artery Catheter Insertion (Swan Ganz); **OR**
1. Provide a minimum number of fifteen (15) cases performed as an independent operator within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Pulmonary Artery Catheter Insertion (Swan Ganz). You must provide documentation of proctoring for five (5) procedures.

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CMED-2 (i) THORACENTESIS

EXPLANATION: Applicant shall present evidence of appropriate training and qualifications to perform Thoracentesis.

QUALIFICATIONS: The applicant shall have the burden of producing adequate information for proper evaluation of his competence and qualifications and for resolving any doubts about such qualifications. This documentation may be provided by the applicant, and/or by a letter from the proctor stipulating that the procedures have been performed by the applicant under the direct supervision of the proctor.

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in Internal Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Thoracentesis; **OR**
1. Provide a minimum number of five (5) cases performed within the past two (2) years.
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Thoracentesis. You must provide documentation of proctoring for five (5) procedures.

CMED-2 (j) VENTILATOR MANAGEMENT

EXPLANATION: Applicant shall present evidence of appropriate training and qualifications to perform Ventilator Management.

QUALIFICATIONS: The applicant shall have the burden of producing adequate information for proper evaluation of his competence and qualifications and for resolving any doubts about such qualifications. This documentation may be provided by the applicant, and/or by a letter from the proctor stipulating that the procedures have been performed by the applicant under the direct supervision of the proctor.

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in Internal Medicine within the past two (2) years and have written documentation from the Program Director demonstrating competency in Ventilator Management; **OR**
 1. Provide a minimum number of five (5) cases performed within the past two (2) years.
 1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Ventilator Management. You must provide documentation of proctoring for five (5) procedures.
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CMED-6(a) EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) MANAGEMENT

SHORT DEFINITION: ECMO is the specialized technique of mechanical extracorporeal cardiac and/or respiratory support for patients with life-threatening failure of heart or lung function.

SKILLS AND TRAINING NEEDED:

1. Provide verification from the fellowship program director that the Applicant has been trained in ECMO and has participated in the management of four (4) cases within the past two (2) years;

OR
1. Provide documentation of certification of attendance at an ECMO Management Course indicating the completion of didactic and simulation training exercise within the past two (2) years; **AND**
2. Upon documentation of above, the Applicant must complete the Permission to be Proctored Request Form requesting to be proctored for four (4) cases of active ECMO management;

OR
1. Provide verification from the Chief/Chairman of the Applicant's Department that the Applicant has performed active ECMO management within the past two (2) years; **AND**
2. Provide case log documentation of successful active ECMO management of four (4) cases within the past two (2) years.

MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES (CMED-6(a)):

The Physician must provide documentation of ECMO management of four (4) cases over a two (2) year period to be eligible to reapply for ECMO privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold ECMO privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for the privilege and submit a Request to Be Proctored Form.

CMED-6(b) ELECTIVE PERCUTANEOUS TRACHEOSTOMY AND TUBE PLACEMENT (TO BE DONE IN THE ICU OR IN THE OPERATING ROOM ONLY)

DEFINITION: The procedure is balloon-facilitated percutaneous dilatational tracheostomy tube placement. Percutaneous tracheostomy placement via Seldinger technique using a single dilator.

CREDENTIALS:

Credentials to perform Percutaneous Tracheostomy should include:

1. Provide verification from the fellowship program director that the Applicant has been trained and has participated in Elective Percutaneous Tracheostomy and Tube Placement for minimum of twenty (20) procedures within the past two (2) years; **OR**
1. Provide verification from the Department Chief where the Applicant most recently practiced documenting that the Applicant has successfully performed a minimum of twenty (20) Elective Percutaneous Tracheostomy and Tube Placement procedures within the past two (2) years; **OR**
1. The Applicant must complete the Permission to be Proctored Request Form requesting to be proctored for at least twenty (20) procedures cases.

MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES (CMED-6(b)):

The physician must perform ten (10) cases over a two (2) year period to be eligible to reapply for Percutaneous Tracheostomy privileges. This will be reviewed at the time of the physician's reappointment.

CMED-6(c) ENDOTRACHEAL INTUBATION TECHNIQUES: Intubation with all levels of sedation, including neuromuscular blockade.

CREDENTIALS: Credentials to perform Endotracheal Intubation Techniques should include:

1. Provide verification from the fellowship program director that the Applicant has been trained and has participated in endotracheal intubation techniques using all levels of sedation to include neuromuscular blockade for minimum of ten (10) procedures within the past two (2) years; **OR**
1. Provide verification from the Department Chief where the Applicant most recently practiced documenting that the Applicant has successfully performed a minimum of ten (10) Endotracheal Intubate Techniques within the past two (2) years; **OR**
1. Complete an approved airway management course and complete the Permission to be Proctored Request Form requesting to be proctored for at least ten (10) proctored cases of endotracheal intubation techniques with moderate sedation and neuromuscular blockade.

MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES CMED-6(c):

The physician must perform five (5) cases over a two (2) year period to be eligible to reapply for Endotracheal Intubation Techniques. This will be reviewed at the time of the physician's reappointment.

CMED-6(d) FLEXIBLE BRONCHOSCOPY (not including biopsy)

DEFINITION: Flexible bronchoscopy is a medical procedure in which a cylindrical fiberoptic scope, bronchoscope, is inserted into the airways. The instrument contains a light and an eyepiece that allows the visual examination of the lower airways. The procedure is used to examine the mucosal surface of the airways for abnormalities that might be associated with a variety of lung diseases. Its use includes the visualization of airway obstructions such as a tumor, or the collection of specimens for the diagnosis of cancer originating in the bronchi of the lungs (bronchogenic cancer).

CREDENTIALS:

Credentials to perform Flexible Bronchoscopy should include:

1. Provide verification from the fellowship program director that the Applicant has been trained and has participated in a minimum of fifteen (15) Flexible Bronchoscopy procedures within the past two (2) years; **OR**
1. Provide verification from the Department Chief where the Applicant most recently practiced documenting that the Applicant has successfully performed a minimum of fifteen (15) Flexible Bronchoscopy procedures within the past two (2) years; **OR**
1. Complete the Permission to be Proctored Request Form requesting to be proctored for at fifteen (15) cases.

MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES (CMED-6(d)):

Perform a minimum of ten (10) Flexible Bronchoscopies procedures over a two (2) year period to be eligible to reapply for privileges. This will be reviewed at the time of reappointment.

CASE LOG

Physician's Name: _____

Date: _____

| | DATE | MEDICAL RECORD NUMBER | PROCEDURE TYPE | Name of procedure (as listed on DOP, e.g. CHOS-1) |
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