



Printed Name

Clinical Privileges Profile
GASTROENTEROLOGY

Kettering Medical Center System

Kettering Medical Center **Sycamore Medical Center**

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.

Clinical Service Chief: 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

- Note that privileges granted may only be exercised at the site(s) and setting(s) 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.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR GASTROENTEROLOGY

To be eligible to apply for core privileges in gastroenterology, 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 fellowship in gastroenterology.

AND

Current certification or active participation in the examination process with achievement of certification within six years leading to certification in gastroenterology by the American Board of Internal Medicine or achievement of a certificate of special qualifications in gastroenterology by the American Osteopathic Board of Internal Medicine.

Required previous experience: Applicants for initial appointment must be able to demonstrate inpatient or consultative services, reflective of the scope of privileges requested, for at least 100 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 requirements: To be eligible to renew core privileges in gastroenterology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on 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

GASTROENTEROLOGY CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, with diseases, injuries, and disorders of the digestive organs, including the stomach, bowels, liver, and gallbladder and related structures, such as the esophagus and pancreas, including the use of diagnostic and therapeutic procedures using endoscopes to see internal organs. May provide care to patients in the intensive care setting in conformance with unit policies. 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.

CHECK HERE TO REQUEST INTERNAL MEDICINE PRIVILEGES FORM

- Requested**

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

USE OF LASER

Criteria: Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or provide documentation appropriate to the specific laser to be utilized. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience.

- Requested**

ADMINISTRATION OF SEDATION AND ANALGESIA

- Requested** See Hospital Policy for Moderate Sedation

CORE PROCEDURE 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 that you do not wish to request, initial, and date.

1. Argon plasma coagulation (APC)

2. Biopsy of the mucosa of esophagus, stomach, small bowel, and colon
3. Breath test performance and interpretation
4. Capsule endoscopy
5. Colonoscopy with or without polypectomy
6. Diagnostic and therapeutic EGD
7. Endoscopic mucosal resection
8. Endoscopic Retrograde Cholangiopancreatographies (ERCP) (requires documentation of procedures including sphincterotomies and stent placements for initial appointment)
9. Enteral and parenteral alimentation
10. Esophageal dilation
11. Esophageal or duodenal stent placement
12. Esophagogastroduodenoscopy to include foreign body removal, stent placement, or polypectomy
13. Flexible sigmoidoscopy
14. Gastrointestinal motility studies and 24 hour pH monitoring
15. Interpretation of gastric, pancreatic, and biliary secretory tests
16. Nonvariceal hemostasis (upper and lower)
17. Percutaneous endoscopic gastrostomy
18. Percutaneous liver biopsy
19. Perform history and physical exam
20. Proctoscopy
21. Sengstaken/Minnesota tube intubation
22. Snare polypectomy
23. Spyglass choledochoscopy*
24. Variceal hemostasis (upper and lower)

*not applicable to Sycamore Medical Center

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 Hospital, 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.

Signature: _____

Date: _____

CLINICAL SERVICE CHIEF'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Clinical Service Chief's Signature: _____ **Date:** _____

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee action **Date:** _____
Medical Executive Committee action **Date:** _____
Board of Directors action **Date:** _____